GENERAL HEADQUARTERS
SUPREME COMMANDER for the ALLIED POWERS
MEDICAL SECTION
PUBLIC HEALTH and WELFARE DIVISION



# Public Health and Welfare in Japan

Final Summary — 1951-52

Volume I

No vol. 2
Complete in 1 v. Cf. Foreword

# Public Health and Welfare in Japan - 1951-52

## -- FOREWORD --

This is the fourth and final report in a series of summaries containing information on the progress of the Public Health and Welfare Section (Public Health and Welfare Division of Medical Section after 30 June 1951), General Headquarters, Supreme Commander for the Allied Powers, in accomplishing the health and welfare objectives of the Occupation mission.

The first summary, in three volumes, covered the period from the beginning of the Occupation through December 1948. The second summary, in two volumes, was devoted to the calendar year 1949. The first two summaries included statistical and historical data compiled from nation-wide surveys completed during the periods covered by the respective summaries. The third summary, a single volume, covered the calendar year 1950. Included as an appendix to the third summary were tables containing statistical data on public health and welfare activities. Many of the charts and tables appearing in the 1949 summary were not reproduced in the 1950 publication. However, statistical and other significant data for 1950 not contained in chart or table form were included in the narrative portion of that summary.

This final summary, in one volume, covers the calendar year 1951 and through 1952 to the effective date of the Peace Treaty and the termination of public health and welfare activities under the Supreme Commander for the Allied Powers on 28 April 1952. Few of the charts and tables appearing in the earlier summaries are reproduced in the 1951-52 publication, the bulk of such data as presented being included in the narrative and referring to only 1951, later data being unavailable for this report.

While the administrative organization of Public Health and Welfare Section underwent marked changes in the process of the transfer of functions to Public Health and Welfare Division of Medical Section, the format of this summary adheres to that of previous summaries. Activities of former divisions now absorbed in the present branches of Public Health and Welfare Division continue to be presented in the same manner as before.

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## Chapter 1

## ORGANIZATIONAL CHANGES

### Public Health and Welfare Section

The year 1951 recorded a major change in the public health and welfare activities within the organization of the General Headquarters of the Supreme Commander for the Allied Powers. Public Health and Welfare Section, General Headquarters, Supreme Commander for the Allied Powers (PHW, GHQ, SCAP), was discontinued as of 30 June 1951 and the remaining personnel, records, responsibilities, and functions were transferred to the newly designated Medical Section, General Headquarters, Supreme Commander for the Allied Powers. Medical Section theretofore had functioned as a part of General Headquarters, Far East Command, and General Headquarters, United Nations Command (GHQ, FEC, and GHQ, UNC).

Public Health and Welfare Division, formed within Medical Section, was assigned responsibility for conducting the civil affairs activities concerning public health and welfare in Japan until the effective date of the Peace Treaty and the termination of such activities under the Supreme Commander for the Allied Powers on 28 April 1952. The Division was established with five branches: Preventive Medicine, Medical Services, Welfare, Supply, and Narcotic Control. These branches absorbed the responsibilities of all the former Public Health and Welfare Section divisions.

As a consequence of the policy of the Occupation to advance the transfer of supervision of public health and welfare activities to the Japanese Government agencies as rapidly as the Japanese Government was able to assume the attending autonomous responsibility, there was a marked decrease in PHW personnel coincident with the reorganization under SCAP. A closely related reduction in other SCAP personnel and transfer of responsibilities to the Japanese Government came with the termination, also as of 30 June 1951, of the Civil Affairs Regional Teams (successors to the Military Government prefectural and regional teams). When the Military Government prefectural teams were established in the beginning of the Occupation there were specialized technical advisors in each of the forty-six prefectures. In 1949 this organization was reduced to eight Civil Affairs regional offices and general supervision was transferred from Eighth Army to Civil Affairs Section, GHQ, SCAP. On 30 June 1951, the Chief, Civil Affairs Section, GHQ, SCAP was relieved of responsibility for surveillance of Japanese compliance with SCAP directives and for reporting the results of such surveillance to the appropriate GHQ Staff Sections. Thereafter, surveillance by the staff section chief originating a given directive became the normal procedure.

Attention is invited to the fact that over the period of the Occupation, PHW's responsibilities have not been limited to Japan alone but have included the furnishing of technical advice and assistance concerning civil affairs in Korea and the Ryukyu Islands as well.

When the Republic of Korea was established, PHW responsibility in Korea terminated in March 1948.

With the outbreak of hostilities in June 1950, PHW joined in planning with respect to the alleviation of the hardships of the Korean civilian population. Following the assignment of responsibility for non-military assistance for the relief and support of the civilian population of Korea to the Commander-in-Chief, United Nations Command, and the establishment, in September 1950, of PHW-SCAP as a Special Staff Section, General Headquarters, United Nations Command, many of the members of the PHW staff (constituting the temporary "PHW Field Organization in Korea") were suddenly called upon to take an active part on the scene in Korea in establishing and setting in motion the civilian relief program of the United Nations Command. Upon arrival of United Nations-recruited personnel, the PHW staff members were able to return to their station in Japan. The Chief, PHW Section (and later the Chief Surgeon, HQ, UNC, under whose direction PHW Division now operates with respect to Korea) thereafter continued to carry on his responsibility of making recommendations to the Commander-in-Chief, United Nations Command, and to furnish technical advice and assistance to subordinate commands relative to civilian health and welfare in Korea.

Upon the ratification of the Japanese Peace Treaty the mission of the Occupation in the field of public health and welfare in Japan was brought to a successful conclusion. Recommendations were made to prevent disease and unrest in the civilian population in accordance with objectives of the Allied Powers. Further, guidance was given to expedite the establishment of a sound legal basis for essential public health and welfare activities to meet the minimum humanitarian requirements and to protect the health and welfare of the civilian population, and laws and regulations enacted and promulgated testify to the fact that this was accomplished. At all times, it has been the express policy of PHW to gauge the programs to the Japanese cultural pattern and economic structure. With the close of the Occupation, there has been given to the Japanese people a basis for progressive improvement.

Ministry of Welfare

An outstanding event in the administration of public health was the admission of Japan to full membership in the United Nations' World Health Organization on 16 May 1951.

Spirited discussion took place in 1951 and early 1952, in the Diet, the press, and government administrative circles, concerning the proposal to consolidate the Ministry of Labor (established in 1947) and the Ministry of Welfare into a single Ministry of Social Affairs. It was concluded by the Cabinet, with the support of Diet members, that no such amalgamation should take place. However, with the resignation of the Minister of Welfare in January 1952, as the result of a controversy concerning the adequacy of assistance to be provided disabled ex-servicemen and survivors of deceased servicemen, the Minister of Labor was designated to serve concurrently as Chief of both Ministries for the time being.

Public Health and Welfare in Japan - 1951-52

Japan began in 1952 to accept students from other countries for training in public health under the sponsorship of the World Health Organization. By March 1952, seven students had arrived from Formosa under this program. Short courses in social work and in public health have been given in Japanese institutions for students from the Ryukyu Islands since 1949. The first social work student in this group, who extended her period of study, completed a two year course in March 1952.

A significant change within the Ministry of Welfare in 1951 was the elevation of the Information Unit from sub-section to section status. The Unit was removed from the General Affairs Section, Minister's Secretariat, and combined with the former Liaison Section to form the Information and Liaison Section, Minister's Secretariat. The Information Unit since its creation in 1948 has been responsible for the coordination of the public health and welfare information program in Japan within the Ministry of Welfare and between the Ministry of Welfare and other agencies and organizations concerned, and has made an invaluable contribution to the development of the public health and welfare program.

The (Chronic) Disease Prevention Section, in the Public Sanitation Bureau, was dissolved and its functions were assigned to the Acute Infectious Disease Prevention Section in the same Bureau. Further, the Tuberculosis Prevention Section was newly established in the Public Sanitation Bureau.

Prior to 1952 the sanitary control of illegal entries into Japan was under the jurisdiction of the Acute Infectious Disease Prevention Section, Public Sanitation Bureau. Following incorporation of these regulations in the Quarantine Law, jurisdiction for such control was transferred in 1952 to the Quarantine Section in the same Bureau.

Since 1946, Japan has been divided into eight regions (with offices in Sapporo, Sendai, Tokyo, Nagoya, Osaka, Hiroshima, Takamatsu, and Fukuoka) for purposes of administering certain affairs of the Public Sanitation Bureau and the Medical Affairs Bureau of the Ministry of Welfare and, since 1951, matters under the jurisdiction of the Narcotics Section of the Pharmaceutical and Supply Bureau. The regional offices continue to function with respect to the Medical Affairs Bureau and the Narcotics Section but representation of the Public Sanitation Bureau, concerning the control of communicable diseases, was terminated as of April 1952 in all regional offices except the Fukuoka office and the responsibility for such service was placed under the guidance of the prefectural health offices.

In the field of public welfare, two major developments have occurred in the administrative aspect of the program as the result of passage of the Social Welfare Service Law (29 March 1951). Provision in the law has resulted in the establishment of a sub-section (fifteen technicians) in the Ministry devoted exclusively to field supervision. This has been a long-desired development but has been difficult to achieve since it is entirely foreign to traditional central government operation.

The second development has been the establishment of welfare districts and welfare district offices for local administration and operation of programs under the Daily Life Security Law, the Child Welfare Law, and the Law for the Welfare of Disabled Persons. This has resulted in the removal of responsibility for operation of these complex programs from the comparatively simple town and village government volunteer welfare committeemen to a larger district and operation under trained, qualified staff.

## Chapter 2

## PREVENTIVE MEDICINE

### Health Centers

Further expansion and development of the health center program was accomplished during the calendar year 1951 in consonance with the general plan which was placed in effect in 1948. During the year health centers were reclassified as Class A, Class B, and Class C. The total number of active health centers was increased by 20 over the year 1950 thus bringing the overall total to 724, of which 180 were classified as Class A, 60 as Class B, and 484 as Class C. In addition 22 branch health centers are actively participating in the program.

### Health Center Activities

The following is a tabulation of some of the more important activities conducted by the health centers of Japan during the calendar year 1951:

| | |
|---|---|
| **Health Consultation** | |
| Total | 5,676,709 |
| Tuberculosis | 2,486,824 |
| Venereal disease | 796,193 |
| Dental diseases | 169,002 |
| **Treatment** | |
| Total | 2,604,447 |
| Tuberculosis (pneumothorax) | 523,468 |
| Venereal disease | 582,077 |
| **Home Visits by Public Health Nurses** | |
| Total | 2,314,312 |
| Tuberculosis | 1,200,205 |
| Venereal disease | 55,030 |
| **Nutrition Consultations** | |
| Total | 1,200,553 |
| Tuberculosis | 389,935 |
| **Medical Social Services** | 733,143 |
| **Mass Examinations** | |
| Total | 13,721,313 |
| Tuberculosis | 10,089,049 |
| Venereal disease | 738,805 |
| Dental | 560,075 |

Immunizations

| | |
|---|---|
| Total (all types offered) | 19,934,769 |

Communicable Disease Control

| | |
|---|---|
| Case finding inspection | 1,132,106 |
| Control instructions | 2,063,287 |

Environmental Sanitation

| | |
|---|---|
| Sanitary inspection (No. of person days) | 282,800 |
| Sanitary team activities (No. of team days) | 253,703 |
| No. of places inspected | 2,369,448 |

Food and Milk Sanitation

| | |
|---|---|
| No. of places inspected by food inspectors | 2,919,599 |
| No. of places scored by milk inspectors | 184,009 |
| No. of slaughtered animals inspected | 1,035,598 |

Laboratory Activities

| | |
|---|---|
| Biological examinations | 7,264,601 |
| Serological examinations | 2,030,280 |
| Food examinations | 89,524 |
| Water examinations | 228,122 |

Health Education Activities

| | |
|---|---|
| Courses, meetings, etc. | 126,230 |
| Persons in attendance | 21,791,386 |
| Printed matters (kinds) | 30,341 |
| Number printed | 20,234,591 |

| Health Center | 1950 | 1951 Increase | 1951 Total |
|---|---|---|---|
| A | 150 | 30 | 180 |
| B | | 60 | 60 |
| C | 554 | (-90) 20 | 484 |
| Total | 704 | 20 | 724 |

## Budget

The national health center budget for the fiscal year (April 1951 - March 1952) amounted to ¥1,088,000,000, of which sum ¥941,856,000 was designated for operational expenses and ¥146,144,000 for new construction and purchase of equipment.

## Health Center Publicity

The health centers continued to serve as the important local level outlet for public health information and as centers for health education.

## Plans for 1952

Plans for the expansion and improvement of the health center program during 1952 provide for the establishment of ten new Class C health centers and for addition of 2 staff personnel for Class A and Class C health centers, bringing the total staff to 63 for the former and to 37 for the latter. Altogether there will be 734 health centers in operation before the end of FY 1952-1953.

The approved budget for the period April 1952 - March 1953 includes ¥1,317,495,000 for operational expenses and ¥41,250,000 for construction and equipment costs.

## Communicable Disease Control

### Important Legislation

Ministerial Instruction concerning preventive vaccination, subject, "Rules for execution of vaccination against typhoid-paratyphoid." This instruction is concerned with a change in the administration of typhoid-paratyphoid vaccine as follows:

Initial Immunizations

Children 36-48 months - 3 subcutaneous doses of 0.25 cc at 5-10 day intervals

Others (persons showing strong reaction and whose constitution is weak) - 3 intracutaneous doses of 0.1 cc at 5-10 day intervals

Booster dose - 1 intracutaneous dose of 0.1 cc or 1 subcutaneous dose of 0.4 cc

The above schedules are based on the enriched vaccine now being prepared in Japan.

Amendment to Preventive Vaccination Law (Law 68 of 1948). The amendment to the Preventive Vaccination Law legalized vaccinations performed by private physicians.

Ministerial Ordinance concerning communicable disease control was amended to include the use of 50% DDT wettable powder and 30% DDT emulsion in the insect control program.

Enaction of Tuberculosis Control Law (Law 96 of 1951) (See under Tuberculosis).

The treatment of leprosy is determined according to the Leprosy Control Law.

## Training Courses and Conferences

Six regional training courses, each of six days duration, were held for the benefit of prefectural health department communicable disease control officers and the chiefs of the communicable disease control section of health centers.

Six regional conferences, each of one day duration, were held with prefectural health department communicable disease control section chiefs.

In addition separate conferences with the various communicable disease control section chiefs were held during the year.

## Communicable Diseases

### Smallpox

The immunization program was not as intensive nor as extensive during 1951 except in areas where cases occurred. However, during the year 13,048,400 vaccinations were given as follows:

| | |
|---|---|
| Infants, 2-12 months | 1,704,100 |
| All children just before entrance to school (6 years of age) | 1,204,900 |
| Children before graduation from elementary school (12 years of age) | 1,090,000 |
| Others | 9,049,400 |

A total of 86 cases, chiefly among the lower age groups, were officially reported from the prefectures of Fukuoka (33), Aichi (1), Hyogo (13), Tottori (13), Tokyo (1), Okayama (1), Yamaguchi (13), Niigata (1), Nagasaki (4), and Saga (1). The great majority of the cases occurred in the prefectures bordering the Japan Sea. Of the 86 cases, 3 were diagnosed as the virulent purpura variolosa type, all of whom died. Ministry of Welfare officials believe the virus of this type of smallpox was introduced into Japan by illegal entrants and by certain U.S. Navy personnel (Kobe) and fear that it may become an important problem of the near future unless all precautions are taken to prevent further introduction and spread.

TABLE 1. - COMMUNICABLE DISEASE CASES AND DEATHS AND COMMUNICABLE DISEASE CASE AND DEATH RATES: JAPAN, 1951
(Rates per 100,000 population per annum)

| Disease International List Number | CASES | | DEATHS | |
|---|---|---|---|---|
| | Number | Rates | Number | Rates |
| Tuberculosis (001-019) | 590,662 | 700.7 | 93,654 | 111.1 |
| Syphilis (020-029) | 77,081 | 91.4 | 4,619 | 5.5 |
| Gonorrhea (030-035) | 179,116 | 212.5 | NA | NA |
| Chancroid (037) | 15,953 | 18.9 | NA | NA |
| Lymphogranuloma Venereum (037) | 303 | 0.4 | NA | NA |
| Typhoid Fever (040) | 3,879 | 4.6 | 367 | 0.4 |
| Paratyphoid Fever (041) | 1,302 | 1.5 | 49 | 0.1 |
| Cholera (043) | - | - | 1 | 0.0 |
| 1) Dysentery (045-046) | 93,003 | 110.3 | 14,835 | 17.6 |
| Scarlet Fever (050) | 5,096 | 6.0 | 34 | 0.0 |
| Diphtheria (055) | 10,747 | 12.7 | 910 | 1.1 |
| Whooping Cough (056) | 78,606 | 93.2 | 3,926 | 4.7 |
| Epidemic Meningitis (057) | 1,111 | 1.3 | 308 | 0.4 |
| Plague (058) | - | - | - | - |
| Leprosy (060) | 485 | 0.6 | 98 | 0.1 |
| Tetanus (061) | 1,724 | 2.0 | 1,424 | 1.7 |
| Anthrax (062) | 2 | 0.0 | - | - |
| Glanders (064.2) | - | - | - | - |
| Poliomyelitis (080) | 4,230 | 5.0 | 594 | 0.7 |
| Japanese "B" Encephalitis (082a) | 2,166 | 2.6 | 956 | 1.1 |
| Smallpox (084) | 86 | 0.1 | 17 | 0.0 |
| Measles (085) | 181,861 | 215.7 | 9,064 | 10.8 |
| Dengue Fever (090) | - | - | - | - |
| Yellow Fever (091) | - | - | - | - |
| Rabies (094) | 13 | 0.0 | 14 | 0.0 |
| Trachoma (095) | 165,708 | 196.6 | NA | NA |
| Typhus Fever (100) | 3 | 0.0 | NA | NA |
| Tsutsugamushi Disease (105) | 100 | 0.1 | 1 | 0.0 |
| Malaria (110-117) | 476 | 0.6 | 43 | 0.1 |
| Schistosomiasis (123.2) | 697 | 0.8 | 55 | 0.1 |
| Filariasis (127) | 71 | 0.1 | 63 | 0.1 |
| Influenza (480-483) | 5,958 | 7.1 | 773 | 0.9 |
| Pneumonia (490-493,763) | 164,648 | 195.3 | 51,021 | 60.5 |
| 2) Infectious Diarrhea (571,572,764) (a part of 096.9) | 1,520 | 1.8 | NA | NA |
| Puerperal Infection (645.1,651,680-684) | 558 | 0.7 | 282 | 0.3 |

Footnotes:

Data refer to cases of communicable diseases among civilian population and are from Monthly Numeric Report of Communicable Diseases, Ministry of Welfare.

Deaths are from Monthly Vital Statistics Schedule Report, Ministry of Welfare.

1) Does not include 1 death for "other protozoal dysentery".

2) 096.9 is "other diseases due to virus infections" and number 096 is sub-divided from .0 to .9 - Infectious Diarrhea and Izumi Fever both are in this category (096.9).

NA indicates that data are not available.

A dash (-) indicates that no cases or deaths were reported and the rate is zero.

A rate of 0.0 indicates that there were some cases or deaths but the rate is less than 0.05.

## Epidemic Typhus Fever

Only 4 cases of typhus fever (louse-borne) were officially reported during 1951. However, 56 suspect cases were investigated in a small isolated village in the wilds of Aomori prefecture in northern Honshu. According to unofficial records of the National Institute of Health serological study of single serum samples obtained from each of the suspect cases, as well as from 156 other persons, revealed the presence of complement fixing antibodies in varying titres in fifteen samples. These cases were not officially reported until February 1952. In January 1952 the full responsibility for typhus control was placed with the Japanese Government upon rescission of SCAPIN #2011, subject, "Prevention and Control of the Typhus Fever Group of Diseases in Japan."

## Murine Typhus Fever

Serological studies on suspect typhus fever cases in various parts of Japan disclosed a total of 66 proven cases of murine typhus fever in the following prefectures: Fukushima (1), Tokyo (2), Osaka (12), Hyogo (1), Wakayama (1), Okayama (22), Hiroshima (7), Tottori (12), Shimane (2), Yamaguchi (5),and Kagawa (1).

## Scrub Typhus - Tsutsugamushi Fever

Field investigations by National Institute of Health officials and other public health officials revealed the presence of tsutsugamushi fever in several new areas in Japan. Heretofore this disease was believed to be localized in the prefectures of Niigata, Yamagata, and Akita. However, in 1950 infected mite and rodent species taken along the lower slopes of Mt. Fuji in Shizuoka prefecture were found to be infected with the causative rickettsial organism, R orientalis, although no civilian cases have ever been officially recorded from that area. During 1951, 276 cases, mild in nature, were reported from the islands of Hachijo (237), Oshima (22), and Miyake (17) off the coast of Japan near Kanagawa prefecture. Rickettsial-like organisms were demonstrated in trombiculid mites and in rodents taken from the same locations. Infected mites have been taken in Miyazaki prefecture, in Kyushu, and cases similar clinically to tsutsugamushi fever have been reported in recent years from Shirotagawa village on the sea coast in Kochi prefecture on Shikoku Island. Cases were also reported from the following localities during the year:

| | |
|---|---|
| Akita prefecture (July 8 to October 1) - 41 | 0 death |
| Niigata prefecture (June 1 to October 4) - 59 | 1 death |

Aureomycin was used in the treatment of 34 cases, chloromycetin in 12 cases, and terramycin in 13 cases. One case under treatment with aureomycin died on the day treatment began.

Studies concerning the ground control of mites were conducted in Niigata prefecture. Early spring application of commercially prepared BHC powder (1.5% of a 12% gamma isomer of BHC) to the ground in an

experimental area proved to be of some value over a limited period of time (7-10 days). Tests will continue during 1952.

In the opinion of public health officials the disease known as "Seven Islands' Fever" may prove to be a mild form of scrub typhus. This is presently under investigation.

## Diphtheria

During 1951 there was an approximate reduction of 15% in the number of cases as compared to the number which were reported in 1950. Cases reported during 1950 were 12,557 (15.0 rate) and in 1951 there were 10,663 cases (12.61 rate). Public health officials feel that the immunization program exercised during the year was the primary factor in the steadily declining incidence and morbidity rate. An outbreak of sizeable proportion occurred in Hokkaido (97 cases - 3 deaths). In Hokkaido 84 carriers were also discovered. A second outbreak was reported from Tokyo, but bacteriological confirmation of these cases was not conclusive. Cases were scattered in every prefecture but were more predominant along the coast of the Japan Sea and in Kyushu.

Although no special emphasis was placed on the immunization program, the following immunizations were performed: Infants under 12 months of age - 1,488,300; children prior to entering school (6 years of age) - 1,160,400; children before leaving primary school (12 years of age) - 986,100; total - 3,925,200.

## Cholera

Quarantine station and other public health officials were constantly on the alert for possible introduction of the disease into Japan. None has been reported since 1946. Adequate stocks of vaccine were available to meet any emergency as well as to perform routine immunization of travellers into and out of Japan when necessary. Some 24,712 such immunizations were performed during the year at quarantine stations and 2,500 in miscellaneous cities, towns, and villages.

## Dysentery

The rise in the incidence of dysentery continued rather alarmingly during 1951 in spite of intensive public health information programs and increased environmental sanitation activities. Comparative data for the past four years are of interest.

| Year | Proven Cases | Case Rate | Deaths | Death Rate | Fatality Rate |
|---|---|---|---|---|---|
| 1948 | 14,665 | 18.3 | 5,157 | 6.4 | 35.2 |
| 1949 | 23,961 | 29.5 | 7,824 | 9.6 | 32.4 |
| 1950 | 49,780 | 59.8 | 12,020 | 14.4 | 24.1 |
| 1951 | 92,324 | 110.94 | 13,019 | 15.65 | 14.1 |

Although the actual cause for the increase is unknown, Ministry of Welfare officials feel that among contributing factors the expansion and development of the health center system in Japan and the emphasis being placed on improvement in early recognition and reporting by physicians are among the reasons why the reported case incidence has increased so markedly during the past four years. Officials also feel that the presence of the comparatively new Shigella flexneri type 2, sub-type 2a (Komagome B. III) strain of the dysentery bacillus has become widespread throughout the country to which immunity has not developed as yet and that this may be another factor in the increased number of cases and deaths reported during 1951. It is also felt that DDT resistant strains of flies may have developed in Japan which may account in part for increased transmission to the general populace although the overall standard of personal hygiene has shown a marked improvement. Kyoto University has reported the existence of DDT resistant flies and the Ministry of Welfare is planning an intensive investigation into this problem during 1952.

Majority of dysentery bacilli isolated from feces of cases is showing marked resistance to all sulfa drugs, which presents a new problem in dysentery control. Mixtures of various sulfa drugs appear to be effective.

Data obtained from the Ministry of Welfare shows the incidence to be highest in the southern and south central portions of Japan. Kyushu has shown an almost vertical line of increase since 1947 followed by the other regions of south Honshu. The overall fatality rate (14.1) for 1951, however, is the lowest ever reported in Japan, thanks to the availability and use of the new thereapeutic agents, chloramphenicol, sulfathiazol, and sulfadiazin.

Early in 1952 specific instructions were sent out by the Welfare Ministry to the prefectures concerning hookworm control.

Some 488 cases of amoebic dysentery were also reported.

## Typhoid and Paratyphoid

The incidence of typhoid fever in 1951 totaled 3,849 cases with a case rate of 4.55 and 298 deaths (0.35) as compared to 4,884 cases, with a case rate of 5.8 and 575 deaths, for the year 1950. The rather extensive immunization program undoubtedly contributed to the further decline of the disease. Initial immunization was administered to 3,291,900 individuals including children and to 736,100 other persons classed as "extraordinary". Booster doses were given to 30,955,400 persons. All immunizations given totaled 34,983,400.

The above rates are the lowest ever noted for Japan. Control measures similar to those for dysentery were employed, but immunization appears to be the most important factor.

Evaluation of effect of immunization was undertaken in 1950 and 1951 in several selected areas. Data is being subjected to statistical analysis but results are not as yet available.

## Malaria

The incidence of malaria has shown a steady decrease year by year. The majority of the cases reported since 1945 have occurred among repatriated persons to Japan. In 1951 a total of 477 cases (primary and recurrent) with 28 deaths were reported. All prefectures reported at least one to thirteen cases. The greatest concentration of cases occurred in the prefectures bordering Mikawa and Ise Bays (Shiga 87, Aichi 43, and Mie 28) and in the Biwa Lake area, Shiga prefecture. Hokkaido reported 21 cases (probably all recurrent), Tokyo 19, and Kanagawa 18. The city of Hikone, Shiga-ken was given national recognition for the anti-malaria control program conducted over the past few years.

## Japanese B Encephalitis

The first case of Japanese B encephalitis appeared in Hiroshima on 26 March 1951. The second case reported occurred in Yamaguchi prefecture on 19 April. In the Chugoku and Shikoku areas most of the cases in those regions occurred during April and May. In the middle of June an outbreak appeared in Niigata prefecture and on 17 July the first case in Tokyo was reported. From then on cases were reported from every prefecture with the exception of Hokkaido, Aomori, Iwate, and Fukushima in the north, and Nara in the south. The peak incidence was reached in September and cases continued into October. During the year there was a decrease of 41.7% in incidence over that of 1950. Comparative summary:

| Year | Cases | Rate | Deaths | Rate |
|---|---|---|---|---|
| 1950 | 5,196 | 6.2 | 2,439 | 2.9 |
| 1951 | 2,163 | 2.6 | 832 | 1.0 |

Control measures were conducted practically in the same manner as during preceding years against adult mosquitoes and in the elimination or treating of breeding areas.

While certain cases of Japanese B encephalitis were reported in the first four months of 1952, these cases were ones that had been carried over from the year 1951.

## Scarlet Fever

The incidence and deaths of scarlet fever exhibited a marked decrease each year between 1939 and 1946. However, in 1946 the incidence began to increase while the number of deaths continued a downward trend. A possible explanation may lie in the presence of the disease known as "Izumi Fever" which is mild in form, with a negative death rate and similar in many diagnostic points to scarlet fever, according to the Ministry of Welfare. Another factor which undoubtedly influenced the declining number of deaths is the ease with which the disease may be treated with drugs of the sulfa group. A statistical comparison for 1950 and 1951 follows:

| Year | Case | Rate | Deaths | Rate |
|---|---|---|---|---|
| 1950 | 5,133 | 6.1 | 32 | 0.0 |
| 1951 | 5,097 | 6.0 | 34 | 0.0 |

## Epidemic Meningitis

No particular attention was given to this disease during 1951 and the incidence (1,109 cases) remained about the same as for 1950 (1,192 cases). Compulsory hospitalization of cases continued in force.

## Pertussis

There was a decided reduction in both the number of cases and number of deaths during 1951 although no particular preventive measures were taken other than a limited immunization program and the dissemination of information pertaining to the disease through the general public health information program. The use of aureomycin in the treatment of the disease was instrumental in the reduction of the number of deaths. Immunization was limited due to the high price of pertussis vaccine. Price of this product will be greatly reduced in 1952. Immunizations were given as follows:

| | | |
|---|---|---|
| Basic immunization - | Infants 3-6 months of age | 822,600 |
| | Children (mostly of school age) | 145,200 |
| Booster dose - | Infants 12-18 months after basic immunization | 318,400 |
| | Total | 1,286,200 |

New instructions to increase the activity in pertussis immunization have been issued early in 1952 by the Chief of the Communicable Disease Section.

## Plague

Although plague is a reportable disease in Japan no cases were reported during 1951 nor have any cases been reported for at least 20 years. Plague preventive measures were vigorously continued during the past year. Examination of rats trapped or shot proved negative for p. pestis. During 1952 the Ministry of Welfare plans to inaugurate the examination of fleas from rodents taken on board ships arriving from known plague infected areas even though the rodents examined may show no visible signs of infection.

## Tuberculosis

The new Tuberculosis Control Law (Law 96 of 1951) was promulgated in the spring of 1951. There is marked improvement in this law and in the extent of its coverage. It makes provision for health examination, BCG vaccination, reporting, registration, guidance of patients by the physician, preventive measures to include compulsory exclusion from

occupation and compulsory hospitalization, payment of medical fees by subsidy from tax funds regardless of the patient's economic status, construction and operation of beds for care of tuberculosis, and coordination and interrelation of existing laws and regulations concerning maintenance of health and medical treatment. A marked decrease in death rates has occurred so that the tuberculosis death rate approximates 111.5 deaths per 100,000 population at the end of the year (compared to 146.8 per 100,000 in 1950). The marked decrease occurred among the younger age groups, 15 to 29 years. This is the lowest rate which has been attained since 1899. By the end of December 1951 there had been reported 585,966 cases of tuberculosis (all kinds) with 88,057 deaths. While the number of deaths reported has decreased in this year the number of cases reported has increased due to more accurate diagnosis and reporting. Better reporting and registering of cases has occurred in 1951. As an example, there have been 6.4 cases reported per annual death, which is a 12% increase in this present year.

By the end of the month of November there were available 123,474 beds and this increase is continuing.

By means of mass examination in the first nine months 9,418,310 persons had been examined and 72,433 cases were discovered. Much difficulty had arisen because of changes produced by the introduction of the new law.

In the BCG program, in the first nine months 10,489,490 individuals were vaccinated. The program met with difficulties due to changes in the law and certain controversies which interfered with its progress.

There occurred a 60% increase in the number of home visits by visiting nurses from the health centers in 1951 over the 1950 figures.

There was a 12% increase in the number of cases of tuberculosis reported over 1950.

In the first four months of 1952 there has been a continuation of the same policies in communicable disease control with some few exceptions as previously noted.

Under the auspices of the Japanese Anti-Tuberculosis Association 95 physicians and 65 public health nurses were trained in tuberculosis control and diagnosis and a total of 47 x-ray automobiles are now operating in the various prefectures.

## Venereal Disease

The morbidity rates and the number of cases reported have shown a decrease in all forms with the exception of chancroid. The highest figures following the war occurred in 1948 for all four forms of reported venereal diseases; the most marked decrease occured in the number of cases of syphilis reported, the figure falling from 216,618 in 1948 to 76,588 in 1951. However, very little change has occurred in the case of gonorrhea, the figures for 1949-50-51 all remaining in the

neighborhood of 178,700. The reported cases of chancroid have fallen from 36,753 in 1948 to 15,865 in 1951 though there has been but little variation in the past two years (1950-51). In lymphogranuloma venereum there has been a steady decrease in figures reported, from 709 in 1948 to 302 in 1951.

Case finding and contact tracing has been continued without too great success during the past year though it is extremely difficult. The Japanese authorities have been cooperative to the limit of their ability, working from unsatisfactory and meager descriptions of the contacts. They have been doing so through courtesy because, according to Japanese law, it is unnecessary for them to do so when the diagnosis of venereal disease is made by other than a Japanese physician and when the individual making the accusations as to the identity of the contact is someone other than a Japanese. Local health authorities have been instructed to hire full time investigators who, the Japanese authorities insist, must be men to have any real effect.

There are 606 public venereal disease clinics located in the health centers throughout Japan at the present time and a rigorous educational campaign is being maintained -- especially good are some of the films dealing with this difficult subject. There is a mass educational program under way in which local health departments are encouraging mass blood examinations for syphilis.

There has been a continuation of the venereal disease control program into 1952 along the same principles as in 1951.

Maternal and Child Health

As a result of conferences held in 1950, in which representatives of the Crippled Children's Movement of Japan, the Japanese Pediatric Society, and the Maternal and Child Health Section of the Ministry of Welfare took part, the construction of the main building of the orthopedic hospital called Seisho-ryogo-en, in Tokyo, was begun in 1951. This institution will be operated as a model center for other clinics and hospitals. The work has continued into 1952 as planned and should be completed and functioning by autumn of 1952.

Also in the year 1951, two centers for care of premature infants have been developed in the Tokyo area under the guidance of the Maternal and Child Health Section and instructions have been prepared and sent out to the prefectural governments to assist and instruct the local officers concerning this problem.

Coordination of efforts between the Maternal and Child Health Section and the sections dealing with the tuberculosis prevention health center activities and acute communicable disease prevention has been extended in order that a more complete check in prenatal care can be developed.

## Sanitation

### Sanitation Legislation

Legislation enacted by government action during 1951 concerned: 1) Establishment of standards and qualifications of sanitarians; 2) the type of examination to be given insect and rodent control officers; 3) legal differentiation between beauticians and barbers; and 4) provisions for prefectural examinations for beauticians and barbers. The adoption of the Sanitary Code, now nearing completion, is expected during 1952. No progress was made on the enactment of the proposed Sanitation Law in 1951 and due to expected organizational changes in the Japanese Government it is doubtful if this law will be considered in the near future.

### Personnel Training

Short courses for sanitarians and for sanitary engineers at the Institute of Public Health were continued with the training of 202 sanitarians and 19 sanitary engineers.

Two three-day courses were given in Tokyo, one in the spring and one in the fall of the year, for sanitation officers from all prefectures in Japan. Attendants receiving this instruction, upon return to their respective headquarters, instituted similar training courses for other personnel at the local level.

### Insect and Rodent Control

Emphasis on insect and rodent control continued to be stressed during 1951. Because of the poor sanitary conditions existing in 675 towns and villages in various prefectures in Japan, these towns and villages were selected as demonstration sites to show what can be done to improve and elevate sanitation standards when proper environmental sanitation measures are employed. In this connection Nanago Village, Ibaraki Prefecture, received an award granted by the Ministry of Welfare, the Asahi Press, and the Dai Ichi Mutual Life Insurance Company for their excellent environmental sanitation program. An award was given also to Hikone City, Shiga Prefecture, for their malaria control program. Special large scale rodent control projects were conducted through the efforts of the city health departments and health centers in Hakodate, Mito, Tokyo, Sasaki City, Tokushima, and Kure. In addition, Nagasaki and Sado Island (off Niigata) initiated extensive programs designed to reduce fly and rodent populations to a minimum.

### Budget

Comparative budgetary allowances for insect and rodent control at national level, 1950, 1951, and 1952 (requested) are as follows:

FY 1950-51 - ¥ 1,863,984,000

FY 1951-52 - ¥ 2,408,817,294

FY 1952-53 - ¥ 2,689,000,000 (requested)

## Waste Disposal

Waste disposal measures have shown a decided improvement throughout Japan as a result of practical legislation, improved sanitary team operations, and public health information and education programs. The Sanitation Panel of the Natural Resources Survey Committee of the Equalization Stabilization Board continued its study of practical and safe methods of night soil disposal. Approval for construction of sewerage systems was granted 13 communities (12 for extension of present systems and one for new underground construction); government subsidies totalling ¥76,193,000 were granted 54 cities, towns, and villages; and local loans totalling ¥360,000,000 in addition to government subsidy were granted to 39 such communities. To date 63 communities of over 100,000 population have underground sewerage systems, six of which are equipped with sewerage disposal plants (Tokyo, Nagoya, Gifu, Osaka, Toyohashi, and Kyoto).

## Water Supplies

New construction, extension, and repair of water supply systems were continued during 1951. Government approval for completely new construction was granted 43 cities. Systems in 14 other cities were completed during the year, all of which had been under construction during the previous year, while 57 communities were given approval for extension of present systems. Some 276 communities were granted government subsidy and local loans for water improvement. Government subsidies totaled ¥253,055,000 and local loans ¥4,854,000,000.

## Sanitary Teams

Sanitary teams appeared to be more active with the gradual improvement and development of this system of environmental sanitation, and with noted general acceptance of the system by the Japanese public. The basis for allotment of sanitary teams and for sanitary inspectors remained as in 1950. At the present time there are employed 1,295 sanitary inspectors (insect and rodent control officers), 744 inspectors of barber shops, beauty shops, public places, etc., for a total of 2,039, and 6,998 assistant sanitary inspectors, of which 2,512 serve as chiefs of a like number of sanitary teams.

The national budget for all environmental sanitation activities (including insect and rodent control) during 1951 amounted to ¥4,805,068,000 (or ¥14.21 per person per year), an increase of ¥3,332,316,000 over that of 1950 (¥1,472,752,000).

## Port Quarantine

There were no changes during 1951 in the number or location of the 14 designated ports of entry for surface vessels and aircraft. However in addition to these stations, six branch offices and five detached offices were established or are presently under construction. Some 634 persons serve in various capacities in these stations.

During the period January to November 1951, vermin extermination procedures were carried out with HCN gas on 1,122 Japanese and 144 foreign vessels, and on one Japanese vessel sulfur dioxide gas was used.

A total of 3,102 rats were collected following fumigation of vessels, of which 2,855 were subjected to laboratory examination and found to be negative for plague. In addition, 1,884 rodents were collected by quarantine port officials. Rattus rattus rattus was the most predominant species.

Inspections were conducted on 2,418 outgoing Japanese ships and 7,020 foreign ships carrying 556,392 passengers and crew. One case of tuberculosis was discovered. Inspections were also conducted on 2,462 incoming Japanese vessels and 6,688 foreign vessels carrying 731,774 passengers and crew. One case of typhoid fever and four cases of dysentery (including two suspect cases) were found.

Immunization of travellers into and out of Japan was administered as follows: Smallpox, 44,124; typhoid and paratyphoid, 56,089; typhus, 38,233; cholera, 24,712; and plague, 176.

Two conferences pertaining to quarantine matters were held during the year 1951 for the benefit of quarantine station chiefs and chiefs of the general affairs sections of quarantine stations. In addition, a training course for quarantine station personnel was held at Hiroshima Quarantine Station in which instruction was given in methods of deratization and inspection of ships, fumigation procedures, and classification of rats and fleas.

Quarantine regulations and procedures as contained in SCAP Circular #3 of 3 February 1950 were revised with the publication of SCAP Circular #14, dated 22 October 1951, subject, "Control of Entry and Exit of Individuals, Cargo, Aircraft, and Surface Vessels into and from Japan." With the advent of the Japanese Peace Treaty and the Administrative Agreement between Japan and the United States the provisions of SCAP Circular #14 are no longer applicable and a complete revision of this circular is now in progress. The Japanese Government completed the revision of the old Quarantine Law and published the new Quarantine Law (Law 201 of 6 June 1951). This law became effective as of 1 January 1952. Four necessary implementing pieces of legislation were also promulgated by the Diet and the Ministry of Welfare.

In August 1951, upon assumption of WHO membership, the Japanese Government was recognized as the national health authority and all quarantine responsibilities (with the exception of United States Armed Forces quarantine responsibilities), including liaison with the Epidemiological Intelligence Station, Singapore, were placed with the Japanese Government.

## Laboratories in Japan

### The Public Health Laboratory Program

### Training of Public Health Laboratory Personnel

Training of public health laboratory personnel at the Institute of Public Health, Tokyo, was continued during 1951 as follows:

| Course Subject Matter | No. of Students | Term From - To |
|---|---|---|
| Bacteriological examination | 38 | 7 May 1951 - 25 Jul 1951 |
| Chemical examination | 37 | 16 Jul 1951 - 26 Sep 1951 |
| Chemical and pathological examination | 17 | 1 Oct 1951 - 8 Dec 1951 |
| Short Course on bacteriological examination (influenze and dysentery) | 56 | 10 Dec 1951 - 19 Dec 1951 |
| Total | 148 | |

A conference for the benefit of the chiefs of prefectural public health laboratories was held in early November 1951. Subjects discussed included laboratory management, training of personnel, examination service in health centers, examination of foodstuffs, inspection of drugs, devices and cosmetics, budgetary matters, and evaluation of results of work of prefectural health laboratories. The information obtained from this discussion was in turn passed on to other laboratory personnel as part of the local "in-service" training program.

### Functions of Public Health Laboratories

The work of the public health laboratories was divided into three general categories, namely: 1) Bacteriological, pathological, serological, and chemical examination; 2) examination of foods; and 3) analysis of water from hot springs.

The 1,038 technical personnel employed in the prefectural public health laboratories performed the following examinations during the year:

| | |
|---|---|
| Bacteriological examinations | 3,347,294 |
| Pathological examinations | 28,920 |
| Chemical examinations | 37,508 |
| Foodstuff examinations | 24,867 |

During the year 1951 subsidies from the National Treasury were granted for new laboratory construction to each of the following prefectures: Miyagi, Shiga, Ehime, Tokushima, and Yamaguchi.

## National Institute of Health

The National Institute of Health continued to serve in its broad and expanded capacity as the national diagnostic center, as the technical governmental authority of the biologics and antibiotics programs, and as coordinator of research activities.

The present organization of the National Institute of Health consists of the Director, the Vice-Director, and two Departments, i.e.: (a) Department of Research with 14 Divisions conducting research studies and investigations in bacteriology, virus diseases, rickettsial diseases, serology, tuberculosis, parasitology, medical entomology, veterinary diseases, pathology, biochemistry, food control, and antibiotics; (b) Department of Assay with responsibility for biologics assay, tuberculin and BCG vaccine assay, antibiotics assay, disinfectants assay, and a laboratory animal control unit. To accomplish the immense amount of work undertaken by the institute, a total of 426 scientists, technicians, laboratory assistants, and miscellaneous other personnel are employed with an expenditure of ¥199,966,000 ($555,462), including facilities, materials, and salaries.

The value of the accomplishments performed by the National Institute of Health, although not measurable in yen or dollar values, is clearly demonstrable in the many published contributions of various of the scientific staff members; the continued improvement in the quality of biologic and antibiotic products resulting from the execution of a strict assay program; the general improvement in the diagnostic work performed in the public laboratory system of Japan; and the acceptance of the entire program by the Japanese producers of biologics and antibiotics, and by the Japanese public. (For further details of the biologics and antibiotic programs, see under "Supply".)

## National Hygienic Laboratory

The supervision of the work conducted by the National Hygienic Laboratory was formerly a function of the Laboratory Affairs Branch of the Preventive Medicine Division, PHW, SCAP until June 1951 when, due to curtailment in personnel in the Division and changes in the organizational structure of GHQ-SCAP, the responsibility for continued supervision of the activities of the National Hygienic Laboratory was transferred to the Supply Branch, Public Health and Welfare Division of the Medical Section. (For details of the program refer to presentation under "Supply".)

## The Institute of Public Health (IPH)

During 1951 the training program continued along the lines proposed when the IPH was reorganized in 1947. Eleven types of short courses lasting from 2 to 4 months were conducted for the various categories of personnel needed to staff the public health organization and the health centers. In addition, longer courses lasting from 6 to 12 months were held for medical health officers, public health nursing instructors, public health veterinarians, pharmacists, and nutritionists. During 1951, 1,021 persons received training in these courses.

Since April 1947 a total of 4,786 individuals connected with the Japanese public health organization have been given instruction at the IPH, which continues to be practically the only Japanese institution giving post-graduate training in public health subjects.

Training Courses at the
Institute of Public Health, Tokyo

| Course | Duration | Courses Completed during 1951 | | Courses Completed Since Reorganization in April 1947 | |
|---|---|---|---|---|---|
| | | No. | Graduates | No. | Graduates |
| **Regular Courses** | | | | | |
| Medical health officers | 12 mos. | 1 | 8 | 2 | 16 |
| Public health nursing instructors | 12 " | 1 | 11 | 1 | 11 |
| Public health veterinarians | 6 " | 1 | 17 | 1 | 17 |
| **Short Courses** | | | | | |
| Medical health officers | 3 " | 3 | 89 | 17 | 644 |
| Sanitarians | 3 " | 4 | 214 | 18 | 886 |
| Sanitary engineers | 3 " | 2 | 42 | 8 | 183 |
| Public health nurses | 4 " | 2 | 115 | 13 | 732 |
| Public health veterinarians | 2 " | 2 | 93 | 14 | 612 |
| Nutritionists | 2 " | 2 | 82 | 12 | 482 |
| Public health statisticians | 2 " | 3 | 155 | 10* | 561 |
| Health educators | 2 " | 2 | 104 | 2 | 104 |
| Pharmacists (discontinued in 1949) | 2 " | - | - | 7 | 270 |
| Health center laboratory technicians (suspended in 1950) | 2 " | - | - | 2 | 55 |
| P. H. laboratory chemists | 2½ " | 1 | 36 | 3 | 86 |
| P. H. laboratory microbiologists | 3 " | 1 | 37 | 2 | 80 |
| P. H. laboratory clinical pathologists | 2½ " | 1 | 18 | 2 | 47 |
| Total | | 26 | 1,021 | 114 | 4,786 |

NOTE: * Includes five six-week courses given during 1949 at the Institute of Public Health by the Division of Health Statistics, Ministry of Welfare.

The principle changes in the program at the IPH during 1951 were the inauguration of a series of two-month courses for health educators and the establishment of six-month courses for public health veterinarians, pharmacists, and nutritionists. These latter courses are designed to give more instruction than is possible in the shorter two-month courses.

A grant of $3,000 from the International Health Division of the Rockefeller Foundation enabled the library to continue subscription to 60 foreign journals and to purchase approximately 200 books from abroad. The funds also were used to expand the teaching museum and the motion picture film library. This library now contains more than 50 motion pictures dealing with public health subjects. Audio-visual aids are used in all courses and are particularly important for training in health education.

During 1951, two department chiefs of the IPH had three months of travel in the United States under the GARIOA national leader program. Another had similar travel supported by Japanese Government funds. Four staff members were awarded fellowships by the Rockefeller Foundation for a year of study in the United States and a fifth received a fellowship supported by GARIOA funds. Altogether, 14 of the 77 staff members of the IPH have had opportunity for study or travel in the United States since 1948. Assignment of a staff member of the International Health Division of the Rockefeller Foundation as consultant to the training program at the IPH was continued during 1951.

It is planned that the training program of the IPH will be continued along the same general lines as during the past few years with a gradual shift in emphasis to regular courses of longer duration for certain groups of workers. For the fiscal year beginning in April 1952, four regular courses and 23 short courses are scheduled. Since nearly all of the students are already employed in the health organization, the future pattern of the teaching program will depend in large measure on the need for the training of workers of various categories. After Japan became a member of the World Health Organization in May 1951, a proposal was made that the IPH be used for the training of public health workers from certain Western Pacific countries. Thus the IPH offers promise as a future focus for international cooperation in public health training in the Far East.

## Public Health and Welfare Information and Education

### Information Program

The Public Health and Welfare Information program maintained its status as one of the leading information programs of the country during the year 1951.

Still greater interest and cooperation between groups interested in the elevation of the standards of health and welfare in Japan was noted in 1951. A demand for informational material as a basis for articles in women's magazines was created upon requests submitted by readers of such publications. This was encouraging as in previous years such magazines were reluctant to run articles concerning health and welfare. Radio broadcasting of informational programs in this field increased and two new "hours" were added to those already in existence so that all phases of public health and welfare are now aired to all parts of Japan. At the present time (1952), health and welfare releases occupy 10% of the radio time of the Japanese Broadcasting Corporation. With the establishment of many new radio companies throughout

the country certain agreements were reached between the association representing these small independent companies, the Japanese Broadcasting Company, and the Ministry of Welfare concerning transmission of health and welfare material. The Dai Ichi Mutual Life Insurance Company and the Asahi Press continued the annual award of the "Cultural Prize for Health" to worthy individuals, groups of individuals, and institutions for outstanding work performed in the field of health and welfare. Another of the larger papers, the Mainichi Press, joined in with the program and now offers a similar award for outstanding health and welfare achievements. Several excellent motion pictures were produced during the year, particularly on tuberculosis, intestinal parasites, and environmental sanitation. Traveling exhibits, consisting of ten well executed posters for each subject so treated, proved to be extremely popular and well received by the public. Kamishibai (paper theatre) presentations were noted to be gradually increasing in favor as a means of transmission of health and welfare ideas to children, especially in the more remote mountain areas and in the small towns and villages.

Conferences at national, prefectural, and local levels were held at frequent intervals during the year for the benefit of persons engaged in information work. Visits to the United States under the national leaders training program to study and observe health information and education procedures were made possible for three Japanese officials under the CARIOA program.

## Health Education Activities

Emphasis was placed upon three important fields of health education work during 1951, namely:

1. Personnel training for health educators and others engaged in this type of work. Such training was presented through: a) Six regional conferences on public health education and the school health program; b) a three-day summer school session; c) two three-day short courses on health education for industrial health supervisors; d) a two-day course on preparation of visual aid materials; and e) two two-months Health Educators' Course given at the Institute of Public Health in Tokyo. Approximately one-half of the prefectures now conduct study meetings or one-or two-day short courses on health education at least once a year for the benefit of health education personnel from health centers.

2. The role of the model health center in health education: By the end of the FY 1951-52 each prefecture and the six great cities had designated two health centers as model health centers in health education. In each center an exhibit room and a small library was established. Equipment for showings of still pictures (film strips) and motion pictures was installed. Displays of wall charts, posters, panels, and models were provided, and schedules of organized discussion meetings were planned.

3. Correlation of the health education activities of health centers with the schools in the school health education program: Through frequent meetings and discussions between health centers and local boards of education a closer working relation exists. Formation of discussion groups and organization of local health councils including health officials, boards of education representatives, parents, and others has assisted markedly in improving the school health program.

It is indeed gratifying to see the direct application to the health information and education program in Japan of the information, ideas, and experience gained by the men who were granted permission and funds to visit the United States during the past two years.

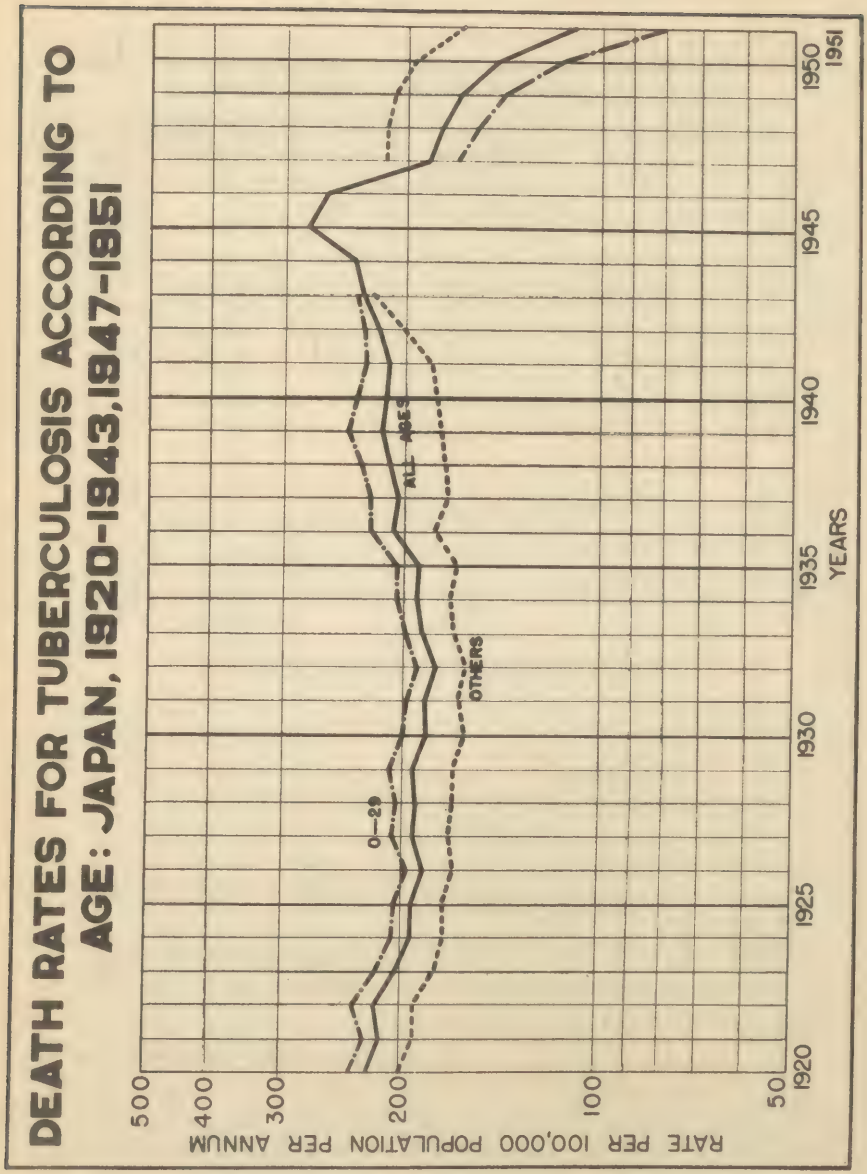


CHART 1. Death Rates for Tuberculosis According to Age: Japan, 1920-1943, 1947-1951

TABLE 2. - DEATHS AND DEATH RATES FOR TUBERCULOSIS (ALL FORMS) BY FIVE YEAR AGE GROUPS: JAPAN, 1950-51

| Age Group | Number | | Rate (per 100,000 pop.) | |
|---|---|---|---|---|
| | 1951 | 1950 | 1951 | 1950 |
| All Ages | 93,654 | 121,769 | 111.1 | 146.4 |
| 0-4 | 6,015 | 7,079 | 53.7 | 63.2 |
| 5-9 | 2,022 | 2,958 | 20.7 | 31.0 |
| 10-14 | 1,847 | 2,422 | 21.2 | 27.8 |
| 15-19 | 6,478 | 9,764 | 75.8 | 114.2 |
| 20-24 | 12,561 | 19,643 | 162.8 | 254.6 |
| 25-29 | 13,154 | 18,123 | 213.3 | 294.0 |
| 30-34 | 9,696 | 12,806 | 186.9 | 186.9 |
| 35-39 | 8,317 | 11,081 | 164.7 | 219.4 |
| 40-44 | 7,162 | 8,831 | 159.7 | 196.9 |
| 45-49 | 6,017 | 7,400 | 150.4 | 185.0 |
| 50-54 | 5,580 | 6,390 | 164.3 | 188.2 |
| 55-59 | 4,881 | 5,429 | 177.9 | 197.9 |
| 60 & Over | 9,907 | 9,821 | 154.4 | 153.0 |
| Unknown | 17 | 22 | | |

Footnotes:

Data in 1951 are provisional.
Data refer to deaths of Japanese nationals in Japan.
Rates are per 100,000 population on 1 October 1950.

Sources:

Rates were computed by Division of Health and Welfare Statistics, Ministry of Welfare.
Source of original death data:
1950, Final annual schedule report, Ministry of Welfare.
1951, Monthly vital statistics schedule reports, Ministry of Welfare.
Source of population data:
Census population on 1 October 1950 (the ten percent sample tabulation).

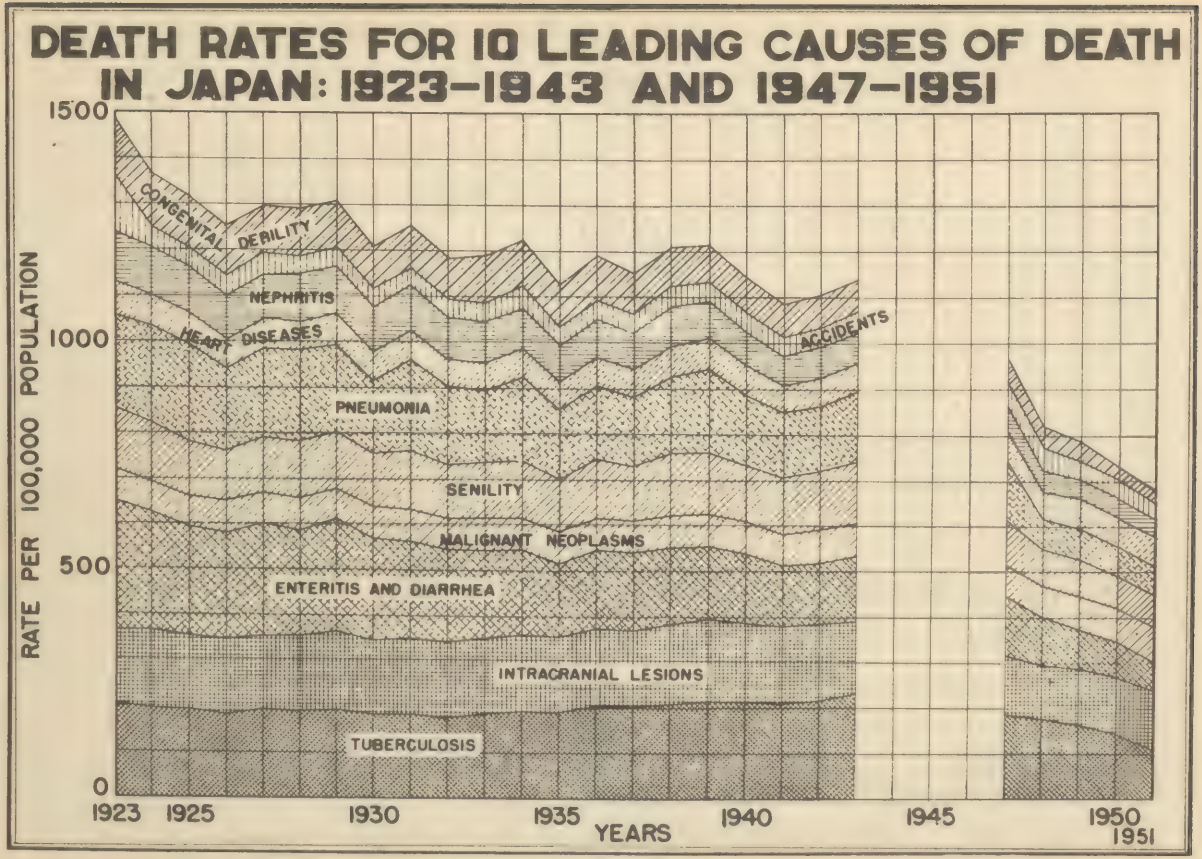


CHART 2. Death Rates for 10 Leading Causes of Death in Japan: 1923-1943 and 1947-1951

TABLE 3. - DEATHS AND DEATH RATES AND RANK ORDER FOR THE LEADING CAUSES OF DEATH: JAPAN, 1950-1951
(Rates per 100,000 population)

| List No. | Cause of Death | Number | | Rates | | Rank Order | |
|---|---|---|---|---|---|---|---|
| | | 1951 | 1950 | 1951 | 1950 | 1951 | 1950 |
| | Total of the Ten Leading Causes | 576,516 | 617,832 | 683.9 | 742.6 | | |
| 001-019 | Tuberculosis (all forms) | 93,654 | 121,769 | 111.1 | 146.4 | 2 | 1 |
| 330-334, 352 | Vascular lesions affecting the central nervous system | 108,350 | 105,728 | 172.6 | 127.1 | 1 | 2 |
| 571, 572, 543 | Enteritis, colitis, ulceration of the intestines and diarrhea (all ages) | 55,547 | 65,894 | 65.9 | 79.2 | 5 | 3 |
| 140-205 | Malignant neoplasms | 66,460 | 64,428 | 78.8 | 77.4 | 3 | 4 |
| 794 | Senility and senile psychosis | 59,946 | 58,412 | 71.1 | 70.2 | 4 | 5 |
| 490-493, 763 | Pneumonia (including pneumonia of the newborn) | 51,021 | 54,169 | 60.5 | 65.1 | 7 | 6 |
| 410-416, 420-422, 430-434, 440-443 | Heart diseases | 54,472 | 54,112 | 64.6 | 65.0 | 6 | 7 |
| 590-594, 446, 789.0, 789.1 | Nephritis and nephrosis | 32,876 | 35,826 | 39.0 | 43.1 | 8 | 8 |
| E800-E802, E810-E835, E840-E965 | Accidents and poisonings | 32,459 | 32,850 | 38.5 | 39.5 | 9 | 9 |
| 772.0, 773a | Congenital debility | 21,731 | 24,644 | 25.8 | 29.6 | 10 | 10 |

Footnotes:
Data in 1951 are provisional.
Data refer to deaths of Japanese nationals in Japan.
Rates are per 100,000 population.
Cause of death are tabulated according to Sixth Revision of International List.

Sources:
Rates were computed by Statistics and Research Division, Ministry of Welfare.
Source of original death data:
1950, Final annual schedule report, Ministry of Welfare.
1951, Monthly vital statistics schedule reports, Ministry of Welfare.

TABLE 4. - DEATHS AND DEATH RATES FOR SELECTED CAUSES BY MONTH: JAPAN, 1950-1951
(Rates per 100,000 population per annum)

| Year | Annual | * Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Un-known |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Tuberculosis, All Forms (001-019)** | | | | | | | | | | | | | | |
| Number | | | | | | | | | | | | | | |
| 1951 | 93,654 | 8,913 | 7,584 | 8,637 | 8,347 | 8,311 | 7,616 | 7,725 | 7,749 | 7,430 | 7,172 | 6,958 | 7,212 | |
| 1950 | 121,769 | 10,758 | 10,025 | 11,647 | 11,221 | 11,473 | 10,409 | 10,469 | 10,023 | 9,220 | 9,126 | 8,404 | 8,992 | 2 |
| Rate | | | | | | | | | | | | | | |
| 1951 | 111.1 | 124.5 | 117.3 | 120.6 | 120.5 | 116.1 | 109.9 | 107.9 | 108.2 | 107.2 | 100.2 | 100.4 | 100.7 | |
| 1950 | 146.4 | 152.2 | 157.1 | 164.8 | 164.1 | 162.4 | 152.2 | 148.2 | 141.8 | 134.8 | 129.1 | 122.9 | 127.3 | |
| **Syphilis and its Sequelae (020-029)** | | | | | | | | | | | | | | |
| Number | | | | | | | | | | | | | | |
| 1951 | 4,619 | 498 | 433 | 409 | 358 | 340 | 318 | 303 | 320 | 357 | 365 | 426 | 492 | |
| 1950 | 5,176 | 568 | 502 | 526 | 397 | 423 | 356 | 322 | 364 | 350 | 420 | 438 | 510 | |
| Rate | | | | | | | | | | | | | | |
| 1951 | 5.5 | 7.0 | 6.7 | 5.7 | 5.2 | 4.7 | 4.6 | 4.2 | 4.5 | 5.2 | 5.1 | 6.1 | 6.9 | |
| 1950 | 6.2 | 8.0 | 7.9 | 7.4 | 5.8 | 6.0 | 5.2 | 4.6 | 5.2 | 5.1 | 5.9 | 6.4 | 7.2 | |
| **Typhoid Fever (040)** | | | | | | | | | | | | | | |
| Number | | | | | | | | | | | | | | |
| 1951 | 367 | 19 | 29 | 22 | 23 | 35 | 38 | 40 | 53 | 41 | 30 | 23 | 14 | |
| 1950 | 630 | 48 | 40 | 34 | 48 | 58 | 65 | 84 | 100 | 67 | 35 | 27 | 24 | |
| Rate | | | | | | | | | | | | | | |
| 1951 | 0.4 | 0.3 | 0.4 | 0.3 | 0.3 | 0.5 | 0.5 | 0.6 | 0.7 | 0.6 | 0.4 | 0.3 | 0.2 | |
| 1950 | 0.8 | 0.7 | 0.6 | 0.5 | 0.7 | 0.8 | 1.0 | 1.2 | 1.4 | 1.0 | 0.5 | 0.4 | 0.3 | |

See footnotes at end of table

TABLE 4. - DEATHS AND DEATH RATES FOR SELECTED CAUSES BY MONTH: JAPAN, 1950-1951, Cont'd
(Rates per 100,000 population per annum)

| Year | Annual | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Unknown |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Paratyphoid Fever (041)** | | | | | | | | | | | | | | |
| Number | | | | | | | | | | | | | | |
| 1951 | 49 | 2 | 2 | 3 | 2 | 4 | 10 | 5 | 8 | 6 | 3 | - | 4 | |
| *1950 | 80 | 5 | 2 | 3 | 6 | 13 | 9 | 11 | 14 | 10 | 2 | 4 | 1 | |
| Rate | | | | | | | | | | | | | | |
| 1951 | 0.1 | 0.0 | 0.0 | 0.0 | 0.0 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.0 | - | 0.1 | |
| *1950 | 0.1 | 0.1 | 0.0 | 0.0 | 0.1 | 0.2 | 0.1 | 0.2 | 0.2 | 0.1 | 0.0 | 0.1 | 0.0 | |
| **Dysentery, All Forms (045-048)** | | | | | | | | | | | | | | |
| Number | | | | | | | | | | | | | | |
| 1951 | 14,836 | 131 | 171 | 312 | 419 | 750 | 1,377 | 3,052 | 3,431 | 2,453 | 1,652 | 699 | 389 | |
| 1950 | 11,968 | 79 | 108 | 106 | 160 | 485 | 1,319 | 2,866 | 3,383 | 2,041 | 904 | 356 | 161 | |
| Rate | | | | | | | | | | | | | | |
| 1951 | 17.6 | 1.8 | 2.6 | 4.4 | 6.0 | 10.5 | 19.9 | 42.6 | 47.9 | 35.4 | 23.1 | 10.1 | 5.4 | |
| 1950 | 14.4 | 1.1 | 1.7 | 1.5 | 2.3 | 6.9 | 19.3 | 40.6 | 47.9 | 29.8 | 12.8 | 5.2 | 2.3 | |
| **Scarlet Fever (050)** | | | | | | | | | | | | | | |
| Number | | | | | | | | | | | | | | |
| 1951 | 34 | 1 | - | 2 | 4 | 3 | 1 | 5 | 2 | 4 | 2 | 6 | 4 | |
| 1950 | 33 | 2 | - | 3 | 3 | 2 | 3 | 5 | 6 | 3 | 1 | 4 | 1 | |
| Rate | | | | | | | | | | | | | | |
| 1951 | 0.0 | 0.0 | - | 0.0 | 0.1 | 0.0 | 0.0 | 0.1 | 0.0 | 0.1 | 0.0 | 0.1 | 0.1 | |
| 1950 | 0.0 | 0.0 | - | 0.0 | 0.0 | 0.0 | 0.0 | 0.1 | 0.1 | 0.0 | 0.0 | 0.1 | 0.0 | |

See footnotes at end of table

TABLE 4. - DEATHS AND DEATH RATES FOR SELECTED CAUSES BY MONTH: JAPAN, 1950-1951, Cont'd
(Rates per 100,000 population per annum)

| Year | Annual | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Unknown |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Diphtheria (055)** | | | | | | | | | | | | | | |
| Number | | | | | | | | | | | | | | |
| 1951 | 910 | 172 | 145 | 123 | 55 | 67 | 35 | 28 | 21 | 28 | 46 | 84 | 106 | |
| 1950 | 1,182 | 172 | 165 | 145 | 72 | 65 | 43 | 26 | 30 | 46 | 105 | 138 | 175 | |
| Rate | | | | | | | | | | | | | | |
| 1951 | 1.1 | 2.4 | 2.2 | 1.7 | 0.8 | 0.9 | 0.5 | 0.4 | 0.3 | 0.4 | 0.6 | 1.2 | 1.5 | |
| 1950 | 1.4 | 2.4 | 2.6 | 2.1 | 1.1 | 0.9 | 0.6 | 0.4 | 0.4 | 0.7 | 1.5 | 2.0 | 2.5 | |
| **Whooping Cough (056)** | | | | | | | | | | | | | | |
| Number | | | | | | | | | | | | | | |
| 1951 | 3,926 | 478 | 419 | 310 | 281 | 288 | 354 | 426 | 364 | 331 | 184 | 195 | 296 | |
| 1950 | 8,426 | 1,095 | 1,124 | 966 | 692 | 679 | 735 | 807 | 752 | 520 | 289 | 292 | 475 | |
| Rate | | | | | | | | | | | | | | |
| 1951 | 4.7 | 6.7 | 6.5 | 4.3 | 4.1 | 4.0 | 5.1 | 5.9 | 5.1 | 4.8 | 2.6 | 2.8 | 4.1 | |
| 1950 | 10.1 | 15.5 | 17.6 | 13.7 | 10.1 | 9.0 | 10.7 | 11.4 | 10.6 | 7.6 | 4.1 | 4.3 | 6.7 | |
| **Meningococcal Infections (057)** | | | | | | | | | | | | | | |
| Number | | | | | | | | | | | | | | |
| 1951 | 308 | 25 | 21 | 29 | 30 | 36 | 25 | 17 | 28 | 40 | 23 | 17 | 17 | |
| 1950 | 367 | 23 | 23 | 33 | 35 | 22 | 27 | 31 | 80 | 27 | 24 | 24 | 18 | |
| Rate | | | | | | | | | | | | | | |
| 1951 | 0.4 | 0.3 | 0.3 | 0.4 | 0.4 | 0.5 | 0.4 | 0.2 | 0.4 | 0.6 | 0.3 | 0.2 | 0.2 | |
| 1950 | 0.4 | 0.3 | 0.4 | 0.5 | 0.5 | 0.3 | 0.4 | 0.4 | 1.1 | 0.4 | 0.3 | 0.4 | 0.3 | |

See footnotes at end of table

TABLE 4. - DEATHS AND DEATH RATES FOR SELECTED CAUSES BY MONTH: JAPAN, 1950-1951, Cont'd
(Rates per 100,000 population per annum)

| Year | Annual | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Un-known |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Leprosy (060)** | | | | | | | | | | | | | | |
| Number | | | | | | | | | | | | | | |
| 1951 | 98 | 8 | 10 | 11 | 10 | 6 | 4 | 9 | 3 | 7 | 9 | 10 | 11 | |
| 1950 | 90 | 11 | 9 | 4 | 7 | 11 | 8 | 7 | 6 | 7 | 10 | 5 | 5 | |
| Rate | | | | | | | | | | | | | | |
| 1951 | 0.1 | 0.1 | 0.2 | 0.2 | 0.1 | 0.1 | 0.1 | 0.1 | 0.0 | 0.1 | 0.1 | 0.1 | 0.2 | |
| 1950 | 0.1 | 0.2 | 0.1 | 0.1 | 0.1 | 0.2 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | |
| **Tetanus (061)** | | | | | | | | | | | | | | |
| Number | | | | | | | | | | | | | | |
| 1951 | 1,424 | 98 | 91 | 107 | 120 | 140 | 145 | 138 | 136 | 143 | 97 | 100 | 109 | |
| 1950 | 1,558 | 101 | 99 | 103 | 109 | 147 | 151 | 143 | 174 | 172 | 134 | 110 | 115 | |
| Rate | | | | | | | | | | | | | | |
| 1951 | 1.7 | 1.4 | 1.4 | 1.5 | 1.7 | 2.0 | 2.1 | 1.9 | 1.9 | 2.1 | 1.4 | 1.4 | 1.5 | |
| 1950 | 1.9 | 1.4 | 1.6 | 1.5 | 1.6 | 2.1 | 2.2 | 2.0 | 2.5 | 2.5 | 1.9 | 1.6 | 1.6 | |
| **Glanders (064.2)** | | | | | | | | | | | | | | |
| Number | | | | | | | | | | | | | | |
| 1951 | - | - | - | - | - | - | - | - | - | - | - | - | - | |
| 1950 | - | - | - | - | - | - | - | - | - | - | - | - | - | |
| Rate | | | | | | | | | | | | | | |
| 1951 | - | - | - | - | - | - | - | - | - | - | - | - | - | |
| 1950 | - | - | - | - | - | - | - | - | - | - | - | - | - | |

See footnotes at end of table

TABLE 4. - DEATHS AND DEATH RATES FOR SELECTED CAUSES BY MONTH: JAPAN, 1950-1951, Cont'd
(Rates per 100,000 population per annum)

| Year | Annual | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Unknown |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Acute Poliomyelitis (080)** | | | | | | | | | | | | | | |
| Number | | | | | | | | | | | | | | |
| 1951 | 594 | 45 | 46 | 22 | 37 | 53 | 40 | 77 | 80 | 71 | 50 | 37 | 36 | |
| 1950 | 775 | 53 | 67 | 66 | 54 | 63 | 65 | 70 | 109 | 70 | 49 | 45 | 64 | |
| Rate | | | | | | | | | | | | | | |
| 1951 | 0.7 | 0.6 | 0.7 | 0.3 | 0.5 | 0.7 | 0.6 | 1.0 | 1.1 | 1.0 | 0.7 | 0.5 | 0.5 | |
| 1950 | 0.9 | 0.8 | 1.0 | 0.9 | 0.8 | 0.9 | 1.0 | 1.0 | 1.5 | 1.0 | 0.7 | 0.7 | 0.9 | |
| **Japanese "B" Encephalitis (082a)** | | | | | | | | | | | | | | |
| Number | | | | | | | | | | | | | | |
| 1951 | 956 | 5 | 1 | 5 | 3 | 5 | 8 | 27 | 105 | 629 | 138 | 19 | 11 | |
| 1950 | 2,430 | 5 | 2 | - | 3 | 3 | 6 | 32 | 1,614 | 649 | 84 | 25 | 7 | |
| Rate | | | | | | | | | | | | | | |
| 1951 | 1.1 | 0.1 | 0.0 | 0.1 | 0.0 | 0.1 | 0.1 | 0.4 | 1.5 | 9.1 | 1.9 | 0.3 | 0.2 | |
| 1950 | 2.9 | 0.1 | 0.0 | - | 0.0 | 0.0 | 0.1 | 0.5 | 22.8 | 9.5 | 1.2 | 0.4 | 0.1 | |
| **Smallpox (084)** | | | | | | | | | | | | | | |
| Number | | | | | | | | | | | | | | |
| 1951 | 17 | - | 5 | 3 | 1 | 2 | 2 | 2 | 1 | - | - | - | 1 | |
| 1950 | 2 | - | - | - | 1 | - | 1 | - | - | - | - | - | - | |
| Rate | | | | | | | | | | | | | | |
| 1951 | 0.0 | - | 0.1 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | - | - | - | 0.0 | |
| 1950 | 0.0 | - | - | - | 0.0 | - | 0.0 | - | - | - | - | - | - | |

See footnotes at end of table

TABLE 4. - DEATHS AND DEATH RATES FOR SELECTED CAUSES BY MONTH: JAPAN, 1950-1951, Cont'd
(Rates per 100,000 population per annum)

| Year | Annual | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Un-known |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Measles (085)** | | | | | | | | | | | | | | |
| Number | | | | | | | | | | | | | | |
| 1951 | 9,064 | 351 | 518 | 986 | 1,435 | 1,952 | 1,635 | 1,012 | 489 | 139 | 151 | 169 | 227 | |
| 1950 | 3,745 | 318 | 318 | 529 | 500 | 592 | 548 | 344 | 153 | 60 | 59 | 117 | 207 | |
| Rate | | | | | | | | | | | | | | |
| 1951 | 10.8 | 4.9 | 8.0 | 13.8 | 20.7 | 27.3 | 23.6 | 14.1 | 6.8 | 2.0 | 2.1 | 2.4 | 3.2 | |
| 1950 | 4.5 | 4.5 | 5.0 | 7.5 | 7.3 | 8.4 | 8.0 | 4.9 | 2.2 | 0.9 | 0.8 | 1.7 | 2.9 | |
| **Rabies (094)** | | | | | | | | | | | | | | |
| Number | | | | | | | | | | | | | | |
| 1951 | 14 | 5 | - | 2 | - | - | 1 | 2 | - | 1 | 1 | - | 2 | |
| 1950 | 63 | 6 | 5 | 2 | 10 | 6 | 5 | 6 | 10 | 5 | 1 | 3 | 4 | |
| Rate | | | | | | | | | | | | | | |
| 1951 | 0.0 | 0.1 | - | 0.0 | - | - | 0.0 | 0.0 | - | 0.0 | 0.0 | - | 0.0 | |
| 1950 | 0.1 | 0.1 | 0.1 | 0.0 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.0 | 0.0 | 0.1 | |
| **Typhus and Other Rickettsial Disease (100-108)** | | | | | | | | | | | | | | |
| Number | | | | | | | | | | | | | | |
| 1951 | 42 | 3 | 1 | 1 | 4 | 7 | 7 | 5 | 4 | 1 | 1 | 4 | 4 | |
| 1950 | 105 | 9 | 32 | 15 | 3 | 6 | 6 | 12 | 9 | 4 | 1 | 4 | 4 | |
| Rate | | | | | | | | | | | | | | |
| 1951 | 0.0 | 0.0 | 0.0 | 0.0 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.0 | 0.0 | 0.1 | 0.1 | |
| 1950 | 0.1 | 0.1 | 0.5 | 0.2 | 0.0 | 0.1 | 0.1 | 0.2 | 0.1 | 0.1 | 0.0 | 0.1 | 0.1 | |

See footnotes at end of table

TABLE 4. - DEATHS AND DEATH RATES FOR SELECTED CAUSES BY MONTH: JAPAN, 1950-1951, Cont'd
(Rates per 100,000 population per annum)

| Year | Annual | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Unknown |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Malaria (110-117)** | | | | | | | | | | | | | | |
| Number | | | | | | | | | | | | | | |
| 1951 | 43 | 3 | 4 | 3 | 3 | 4 | 5 | 1 | 3 | 4 | 6 | 5 | 2 | |
| 1950 | 73 | 8 | 4 | 5 | 2 | 5 | 10 | 3 | 10 | 11 | 6 | 7 | 2 | |
| Rate | | | | | | | | | | | | | | |
| 1951 | 0.1 | 0.0 | 0.1 | 0.0 | 0.0 | 0.1 | 0.1 | 0.0 | 0.0 | 0.1 | 0.1 | 0.1 | 0.0 | |
| 1950 | 0.1 | 0.1 | 0.1 | 0.1 | 0.0 | 0.1 | 0.2 | 0.0 | 0.1 | 0.2 | 0.1 | 0.1 | 0.0 | |
| **Pulmonary (S Japonicum) Schistosomdasis (123.2)** | | | | | | | | | | | | | | |
| Number | | | | | | | | | | | | | | |
| 1951 | 55 | 1 | 4 | 5 | 5 | 6 | 3 | 6 | 8 | 7 | 2 | 5 | 3 | |
| 1950 | 81 | 9 | 4 | 5 | 2 | 8 | 8 | 7 | 8 | 6 | 8 | 7 | 9 | |
| Rate | | | | | | | | | | | | | | |
| 1951 | 0.1 | 0.0 | 0.1 | 0.1 | 0.1 | 0.1 | 0.0 | 0.1 | 0.1 | 0.1 | 0.0 | 0.1 | 0.0 | |
| 1950 | 0.1 | 0.1 | 0.1 | 0.1 | 0.0 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | |
| **Filariasis (127)** | | | | | | | | | | | | | | |
| Number | | | | | | | | | | | | | | |
| 1951 | 63 | 8 | 5 | 5 | 2 | 3 | 4 | 2 | 8 | 11 | 6 | 5 | 4 | |
| 1950 | 59 | 4 | 4 | 3 | 1 | 5 | - | 7 | 6 | 6 | 8 | 6 | 9 | |
| Rate | | | | | | | | | | | | | | |
| 1951 | 0.1 | 0.1 | 0.1 | 0.1 | 0.0 | 0.0 | 0.1 | 0.0 | 0.1 | 0.2 | 0.1 | 0.1 | 0.1 | |
| 1950 | 0.1 | 0.1 | 0.1 | 0.0 | 0.0 | 0.1 | - | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | |

See footnotes at end of table

TABLE 4. - DEATHS AND DEATH RATES FOR SELECTED CAUSES BY MONTH: JAPAN, 1950-1951, Cont'd
(Rates per 100,000 population per annum)

| Year | Annual | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Unknown |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Malignant Neoplasms (140-205)** | | | | | | | | | | | | | | |
| Number | | | | | | | | | | | | | | |
| 1951 | 66,460 | 5,617 | 4,674 | 5,212 | 5,048 | 5,464 | 5,449 | 5,864 | 5,832 | 5,957 | 5,781 | 5,711 | 5,851 | |
| 1950 | 64,428 | 4,998 | 4,707 | 5,165 | 4,895 | 5,296 | 5,333 | 5,746 | 5,664 | 5,526 | 5,887 | 5,458 | 5,753 | |
| Rate | | | | | | | | | | | | | | |
| 1951 | 78.8 | 78.5 | 72.3 | 72.8 | 72.9 | 76.3 | 78.6 | 81.9 | 81.5 | 86.0 | 80.7 | 82.4 | 81.7 | |
| 1950 | 77.4 | 70.7 | 73.7 | 73.1 | 71.6 | 74.9 | 78.0 | 81.3 | 80.2 | 80.8 | 83.3 | 79.8 | 81.4 | |
| **Diabetes Mellitus (260)** | | | | | | | | | | | | | | |
| Number | | | | | | | | | | | | | | |
| 1951 | 2,056 | 245 | 191 | 219 | 199 | 169 | 139 | 169 | 131 | 132 | 127 | 145 | 190 | |
| 1950 | 2,034 | 226 | 194 | 221 | 157 | 158 | 130 | 152 | 124 | 134 | 132 | 167 | 239 | |
| Rate | | | | | | | | | | | | | | |
| 1951 | 2.4 | 3.4 | 3.0 | 3.1 | 2.9 | 2.4 | 2.0 | 2.4 | 1.8 | 1.9 | 1.8 | 2.1 | 2.7 | |
| 1950 | 2.4 | 3.2 | 3.0 | 3.1 | 2.3 | 2.2 | 1.9 | 2.2 | 1.8 | 2.0 | 1.9 | 2.4 | 3.4 | |
| **Beriberi (280)** | | | | | | | | | | | | | | |
| Number | | | | | | | | | | | | | | |
| 1951 | 3,234 | 382 | 369 | 376 | 341 | 252 | 223 | 222 | 205 | 198 | 202 | 215 | 249 | |
| 1950 | 3,969 | 521 | 429 | 462 | 338 | 298 | 304 | 289 | 236 | 203 | 258 | 309 | 322 | |
| Rate | | | | | | | | | | | | | | |
| 1951 | 3.8 | 5.3 | 5.7 | 5.3 | 4.9 | 3.5 | 3.2 | 3.1 | 2.9 | 2.9 | 2.8 | 3.1 | 3.5 | |
| 1950 | 4.8 | 7.4 | 6.7 | 6.5 | 4.9 | 4.2 | 4.4 | 4.1 | 3.3 | 3.0 | 3.7 | 4.5 | 4.6 | |

See footnotes at end of table

TABLE 4. - DEATHS AND DEATH RATES FOR SELECTED CAUSES BY MONTH: JAPAN, 1950-1951, Cont'd
(Rates per 100,000 population per annum)

| Year | Annual | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Unknown |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Vascular Lesions Affecting The Central Nervous System (330-334, 352)** | | | | | | | | | | | | | | |
| Number | | | | | | | | | | | | | | |
| 1951 | 108,350 | 12,360 | 10,074 | 10,043 | 9,026 | 8,454 | 7,599 | 7,405 | 7,115 | 8,522 | 8,379 | 9,224 | 10,149 | |
| 1950 | 105,728 | 10,639 | 9,556 | 10,681 | 8,404 | 7,749 | 7,374 | 7,066 | 7,646 | 7,864 | 8,575 | 8,868 | 11,305 | 1 |
| Rate | | | | | | | | | | | | | | |
| 1951 | 128.5 | 172.6 | 155.8 | 140.3 | 130.3 | 118.1 | 109.7 | 103.4 | 99.4 | 123.0 | 117.0 | 133.1 | 141.8 | |
| 1950 | 127.1 | 150.6 | 149.7 | 151.2 | 122.9 | 109.7 | 107.8 | 100.0 | 108.2 | 115.0 | 121.4 | 129.7 | 160.0 | |
| **Meningitis Except Meningococcal and Tuberculosis (340)** | | | | | | | | | | | | | | |
| Number | | | | | | | | | | | | | | |
| 1951 | 5,481 | 549 | 442 | 504 | 506 | 452 | 442 | 470 | 440 | 571 | 394 | 345 | 366 | |
| 1950 | 6,657 | 679 | 638 | 625 | 566 | 590 | 539 | 538 | 663 | 484 | 427 | 440 | 468 | |
| Rate | | | | | | | | | | | | | | |
| 1951 | 6.5 | 7.7 | 6.8 | 7.0 | 7.3 | 6.3 | 6.4 | 6.6 | 6.1 | 8.2 | 5.5 | 5.0 | 5.1 | |
| 1950 | 8.0 | 9.6 | 10.0 | 8.8 | 8.3 | 8.3 | 7.9 | 7.6 | 9.4 | 7.1 | 6.7 | 6.4 | 6.6 | |
| **Heart Diseases (410-416, 420-422, 430-434, 440-443)** | | | | | | | | | | | | | | |
| Number | | | | | | | | | | | | | | |
| 1951 | 54,472 | 6,808 | 5,219 | 5,104 | 4,510 | 4,397 | 4,037 | 3,906 | 3,597 | 3,703 | 3,947 | 4,179 | 5,065 | |
| 1950 | 54,112 | 5,620 | 4,921 | 5,546 | 4,439 | 4,179 | 3,879 | 3,756 | 3,431 | 3,523 | 3,987 | 4,343 | 6,487 | 1 |
| Rate | | | | | | | | | | | | | | |
| 1951 | 64.6 | 95.1 | 80.7 | 71.3 | 65.1 | 61.4 | 58.3 | 54.6 | 50.2 | 53.4 | 55.1 | 60.3 | 70.7 | |
| 1950 | 65.0 | 79.5 | 77.1 | 78.5 | 64.9 | 59.1 | 56.7 | 53.2 | 48.6 | 51.5 | 56.4 | 63.5 | 91.8 | |

See footnotes at end of table

TABLE 4. - DEATHS AND DEATH RATES FOR SELECTED CAUSES BY MONTH: JAPAN, 1950-1951, Cont'd
(Rates per 100,000 population per annum)

| Year | Annual | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Unknown |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Influenza (480-483)** | | | | | | | | | | | | | | |
| Number | | | | | | | | | | | | | | |
| 1951 | 773 | 382 | 168 | 71 | 34 | 14 | 18 | 7 | 7 | 14 | 8 | 16 | 24 | |
| 1950 | 1,250 | 127 | 148 | 162 | 76 | 29 | 21 | 10 | 14 | 15 | 10 | 94 | 544 | |
| Rate | | | | | | | | | | | | | | |
| 1951 | 0.9 | 5.3 | 2.6 | 1.0 | 0.5 | 0.2 | 0.3 | 0.1 | 0.1 | 0.2 | 0.1 | 0.2 | 0.5 | |
| 1950 | 1.5 | 1.8 | 2.3 | 2.3 | 1.1 | 0.4 | 0.3 | 0.1 | 0.2 | 0.2 | 0.1 | 1.4 | 7.7 | |
| **Pneumonia, Including Pneumonia of the Newborn (490-493, 763)** | | | | | | | | | | | | | | |
| Number | | | | | | | | | | | | | | |
| 1951 | 51,021 | 9,418 | 7,877 | 6,868 | 4,765 | 3,760 | 2,670 | 2,285 | 1,685 | 1,963 | 2,332 | 2,747 | 4,651 | |
| 1950 | 54,169 | 8,541 | 7,258 | 7,653 | 4,627 | 3,498 | 2,739 | 2,280 | 1,860 | 1,959 | 2,572 | 3,665 | 7,516 | 1 |
| Rate | | | | | | | | | | | | | | |
| 1951 | 60.5 | 131.5 | 121.8 | 95.9 | 68.8 | 52.5 | 38.5 | 31.9 | 23.5 | 28.3 | 32.6 | 39.6 | 65.0 | |
| 1950 | 65.1 | 120.9 | 113.7 | 108.3 | 76.7 | 49.5 | 40.1 | 32.3 | 26.3 | 28.6 | 36.4 | 53.6 | 106.4 | |
| **Bronchitis (500-502)** | | | | | | | | | | | | | | |
| Number | | | | | | | | | | | | | | |
| 1951 | 19,043 | 3,933 | 2,869 | 2,459 | 1,753 | 1,284 | 1,022 | 821 | 709 | 729 | 908 | 1,115 | 1,441 | |
| 1950 | 23,396 | 3,354 | 3,135 | 3,345 | 2,083 | 1,575 | 1,219 | 974 | 846 | 912 | 1,141 | 1,504 | 3,307 | 1 |
| Rate | | | | | | | | | | | | | | |
| 1951 | 22.6 | 54.9 | 44.4 | 34.3 | 25.3 | 17.9 | 14.8 | 11.5 | 9.9 | 10.5 | 12.7 | 16.1 | 20.1 | |
| 1950 | 28.1 | 47.5 | 49.1 | 47.3 | 30.5 | 22.3 | 17.8 | 13.8 | 12.0 | 13.3 | 16.1 | 22.0 | 46.8 | |

See footnotes at end of table

TABLE 4. - DEATHS AND DEATH RATES FOR SELECTED CAUSES BY MONTH: JAPAN, 1950-1951, Cont'd
(Rates per 100,000 population per annum)

| Year | Annual | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Unknown |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Empyema and Pleurisy (518-519)** | | | | | | | | | | | | | | |
| Number | | | | | | | | | | | | | | |
| 1951 | 1,870 | 209 | 169 | 190 | 185 | 160 | 171 | 146 | 126 | 147 | 125 | 118 | 124 | |
| 1950 | 2,771 | 276 | 236 | 253 | 251 | 273 | 241 | 238 | 231 | 197 | 173 | 173 | 229 | |
| Rate | | | | | | | | | | | | | | |
| 1951 | 2.2 | 2.9 | 2.6 | 2.7 | 2.7 | 2.2 | 2.5 | 2.0 | 1.8 | 2.1 | 1.7 | 1.7 | 1.7 | |
| 1950 | 3.3 | 3.9 | 3.7 | 3.6 | 3.7 | 3.9 | 3.5 | 3.4 | 3.3 | 2.9 | 2.4 | 2.5 | 3.2 | |
| **Ulcer of Stomach and Duodenum (540-541)** | | | | | | | | | | | | | | |
| Number | | | | | | | | | | | | | | |
| 1951 | 18,313 | 2,086 | 1,628 | 1,645 | 1,439 | 1,469 | 1,341 | 1,388 | 1,224 | 1,346 | 1,468 | 1,564 | 1,715 | |
| 1950 | 19,323 | 1,918 | 1,645 | 1,888 | 1,563 | 1,473 | 1,387 | 1,302 | 1,295 | 1,336 | 1,734 | 1,723 | 2,059 | |
| Rate | | | | | | | | | | | | | | |
| 1951 | 21.7 | 29.1 | 25.1 | 23.0 | 20.8 | 20.5 | 19.4 | 19.4 | 17.1 | 19.4 | 20.5 | 22.6 | 24.0 | |
| 1950 | 23.2 | 27.1 | 25.8 | 26.7 | 22.9 | 20.8 | 20.3 | 18.4 | 18.3 | 19.5 | 24.5 | 25.2 | 29.1 | |
| **Appendicitis (550-553)** | | | | | | | | | | | | | | |
| Number | | | | | | | | | | | | | | |
| 1951 | 2,387 | 198 | 182 | 210 | 196 | 232 | 193 | 212 | 235 | 203 | 195 | 185 | 146 | |
| 1950 | 3,038 | 247 | 221 | 241 | 227 | 237 | 246 | 320 | 354 | 288 | 230 | 217 | 210 | |
| Rate | | | | | | | | | | | | | | |
| 1951 | 2.8 | 2.8 | 2.8 | 2.9 | 2.8 | 3.2 | 2.8 | 3.0 | 3.3 | 2.9 | 2.7 | 2.7 | 2.0 | |
| 1950 | 3.7 | 3.5 | 3.5 | 3.4 | 3.3 | 3.4 | 3.6 | 4.5 | 5.0 | 4.2 | 3.3 | 3.2 | 3.0 | |

See footnotes at end of table

TABLE 4. - DEATHS AND DEATH RATES FOR SELECTED CAUSES BY MONTH: JAPAN, 1950-1951, Cont'd
(Rates per 100,000 population per annum)

| Year | Annual | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Un-known |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Enteritis and Colitis, Ulceration of the Intestines and Diarrhea (All Ages) (543, 571, 572)** | | | | | | | | | | | | | | |
| Number | | | | | | | | | | | | | | |
| 1951 | 55,547 | 4,677 | 3,755 | 3,909 | 3,784 | 4,018 | 4,383 | 5,806 | 6,405 | 5,528 | 4,964 | 4,305 | 4,013 | |
| 1950 | 65,894 | 4,593 | 4,024 | 4,724 | 4,269 | 4,848 | 5,869 | 7,934 | 8,235 | 6,611 | 5,251 | 4,558 | 4,978 | |
| Rate | | | | | | | | | | | | | | |
| 1951 | 65.9 | 65.3 | 58.1 | 54.6 | 54.6 | 56.1 | 63.3 | 81.1 | 89.5 | 79.8 | 69.3 | 62.1 | 56.0 | |
| 1950 | 79.2 | 65.0 | 63.0 | 66.9 | 62.4 | 68.6 | 85.8 | 112.3 | 116.5 | 96.7 | 74.3 | 66.7 | 70.4 | |
| **Enteritis and Colitis, Ulceration of the Intestines and Diarrhea (Under 2 Years) (571.0, 572)** | | | | | | | | | | | | | | |
| Number | | | | | | | | | | | | | | |
| 1951 | 19,408 | 1,682 | 1,335 | 1,427 | 1,358 | 1,491 | 1,791 | 2,324 | 2,077 | 1,501 | 1,415 | 1,533 | 1,474 | |
| 1950 | 26,639 | 1,889 | 1,574 | 1,809 | 1,667 | 2,165 | 2,818 | 3,810 | 3,278 | 2,126 | 1,699 | 1,790 | 2,014 | |
| Rate | | | | | | | | | | | | | | |
| 1951 | 23.0 | 23.5 | 20.6 | 19.9 | 19.6 | 20.8 | 25.8 | 32.5 | 29.0 | 21.7 | 19.8 | 22.1 | 20.6 | |
| 1950 | 32.0 | 26.7 | 24.7 | 25.6 | 24.4 | 30.6 | 41.2 | 53.9 | 46.4 | 31.1 | 24.0 | 26.2 | 28.5 | |
| **Enteritis and Colitis, Ulceration of the Intestines and Diarrhea (2 Years and Over) (571.1, 572)** | | | | | | | | | | | | | | |
| Number | | | | | | | | | | | | | | |
| 1951 | 31,567 | 2,416 | 2,008 | 2,104 | 2,093 | 2,175 | 2,259 | 3,152 | 3,992 | 3,615 | 3,204 | 2,412 | 2,137 | |
| 1950 | 34,280 | 2,255 | 2,021 | 2,421 | 2,165 | 2,308 | 2,694 | 3,715 | 4,577 | 4,114 | 3,187 | 2,412 | 2,411 | |
| Rate | | | | | | | | | | | | | | |
| 1951 | 37.4 | 33.7 | 31.1 | 29.4 | 30.2 | 30.4 | 32.6 | 44.0 | 55.8 | 52.2 | 44.8 | 34.8 | 29.8 | |
| 1950 | 41.2 | 31.9 | 31.7 | 34.3 | 31.7 | 32.7 | 39.4 | 52.6 | 64.8 | 60.1 | 45.1 | 35.3 | 34.1 | |

See footnotes at end of table

TABLE 4. - DEATHS AND DEATH RATES FOR SELECTED CAUSES BY MONTH: JAPAN, 1950-1951, Cont'd
(Rates per 100,000 population per annum)

| Year | Annual | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Unknown |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Nephritis and Nephrosis (590-594, 446, 789.0, 789.1)** | | | | | | | | | | | | | | |
| Number | | | | | | | | | | | | | | |
| 1951 | 32,876 | 3,742 | 2,913 | 3,083 | 2,631 | 2,526 | 2,300 | 2,332 | 2,214 | 2,570 | 2,670 | 2,822 | 3,073 | |
| 1950 | 35,826 | 3,624 | 3,263 | 3,533 | 2,721 | 2,675 | 2,462 | 2,572 | 2,503 | 2,621 | 3,040 | 3,052 | 3,760 | |
| Rate | | | | | | | | | | | | | | |
| 1951 | 39.0 | 52.3 | 45.0 | 43.1 | 48.0 | 35.3 | 33.2 | 32.6 | 30.9 | 37.1 | 37.3 | 40.7 | 42.9 | |
| 1950 | 43.1 | 51.3 | 51.1 | 50.0 | 39.8 | 37.9 | 36.0 | 36.4 | 35.4 | 38.3 | 43.0 | 44.6 | 53.2 | |
| **Deliveries and Complications of Pregnancy, Childbirth and the Puerperium (640-689)** | | | | | | | | | | | | | | |
| Number | | | | | | | | | | | | | | |
| 1951 | 3,685 | 369 | 309 | 342 | 274 | 307 | 276 | 335 | 306 | 285 | 272 | 274 | 336 | |
| 1950 | 4,117 | 380 | 394 | 383 | 304 | 333 | 303 | 317 | 380 | 349 | 297 | 319 | 358 | |
| Rate | | | | | | | | | | | | | | |
| 1951 | 4.4 | 5.2 | 4.8 | 4.8 | 4.0 | 4.3 | 4.0 | 4.7 | 4.3 | 4.1 | 3.8 | 4.0 | 4.7 | |
| 1950 | 4.9 | 5.4 | 6.2 | 5.4 | 4.4 | 4.7 | 4.4 | 4.5 | 5.4 | 5.1 | 4.2 | 4.7 | 5.1 | |
| **Congenital Malformations (750-759)** | | | | | | | | | | | | | | |
| Number | | | | | | | | | | | | | | |
| 1951 | 5,847 | 672 | 649 | 596 | 505 | 395 | 411 | 411 | 423 | 380 | 421 | 458 | 526 | |
| 1950 | 6,691 | 682 | 636 | 635 | 557 | 535 | 456 | 488 | 482 | 491 | 513 | 576 | 640 | |
| Rate | | | | | | | | | | | | | | |
| 1951 | 6.9 | 9.4 | 10.0 | 8.3 | 7.3 | 5.5 | 5.9 | 5.7 | 5.9 | 5.5 | 5.9 | 6.6 | 7.3 | |
| 1950 | 8.0 | 10.0 | 10.0 | 9.0 | 8.1 | 7.0 | 6.7 | 6.9 | 6.8 | 7.2 | 7.3 | 8.4 | 9.1 | |

See footnotes at end of table

TABLE 4. - DEATHS AND DEATH RATES FOR SELECTED CAUSES BY MONTH: JAPAN, 1950-1951, Cont'd
(Rates per 100,000 population per annum)

| Year | Annual | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Un-known |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Birth Injuries (760-761)** | | | | | | | | | | | | | | |
| Number | | | | | | | | | | | | | | |
| 1951 | 1,394 | 121 | 154 | 126 | 105 | 109 | 108 | 119 | 132 | 115 | 79 | 93 | 133 | |
| 1950 | 1,433 | 117 | 134 | 129 | 106 | 100 | 123 | 131 | 144 | 122 | 118 | 89 | 120 | |
| Rate | | | | | | | | | | | | | | |
| 1951 | 1.7 | 1.7 | 2.4 | 1.8 | 1.5 | 1.5 | 1.6 | 1.7 | 1.8 | 1.7 | 1.1 | 1.3 | 1.9 | |
| 1950 | 1.7 | 1.7 | 2.1 | 1.8 | 1.6 | 1.4 | 1.8 | 1.9 | 2.0 | 1.8 | 1.7 | 1.3 | 1.7 | |
| **Premature Births (762.5, 765.5, 766.5, 767.5, 768.5, 769b, 770b, 771.5, 772.5, 773.5, 774, 776)** | | | | | | | | | | | | | | |
| Number | | | | | | | | | | | | | | |
| 1951 | 20,610 | 2,782 | 2,278 | 2,067 | 1,486 | 1,472 | 1,404 | 1,378 | 1,281 | 1,229 | 1,380 | 1,743 | 2,109 | |
| *1950 | 21,087 | 2,258 | 2,263 | 2,190 | 1,687 | 1,526 | 1,372 | 1,430 | 1,335 | 1,334 | 1,572 | 1,774 | 2,346 | |
| Rate | | | | | | | | | | | | | | |
| 1951 | 24.4 | 38.9 | 35.2 | 28.9 | 21.4 | 20.6 | 20.3 | 19.2 | 17.9 | 17.7 | 19.3 | 25.2 | 29.5 | |
| *1950 | 25.2 | 31.7 | 35.2 | 30.8 | 24.5 | 21.4 | 19.9 | 20.1 | 18.8 | 19.4 | 22.1 | 25.8 | 33.0 | |
| **Congenital Debility (772.0, 773a)** | | | | | | | | | | | | | | |
| Number | | | | | | | | | | | | | | |
| 1951 | 21,731 | 3,423 | 2,912 | 2,582 | 1,811 | 1,413 | 1,189 | 1,293 | 1,278 | 1,142 | 1,182 | 1,512 | 1,994 | |
| 1950 | 24,644 | 3,708 | 3,099 | 2,934 | 1,874 | 1,554 | 1,381 | 1,550 | 1,384 | 1,289 | 1,494 | 1,720 | 2,657 | |
| Rate | | | | | | | | | | | | | | |
| 1951 | 25.8 | 47.8 | 45.0 | 36.1 | 26.1 | 19.7 | 17.2 | 18.1 | 17.8 | 16.5 | 16.5 | 21.8 | 27.9 | |
| 1950 | 29.6 | 52.3 | 48.6 | 41.5 | 27.4 | 22.0 | 20.2 | 22.0 | 19.6 | 18.9 | 21.1 | 25.2 | 37.6 | |

See footnotes at end of table

TABLE 4. - DEATHS AND DEATH RATES FOR SELECTED CAUSES BY MONTH: JAPAN, 1950-1951, Cont'd
(Rates per 100,000 population per annum)

| Year | Annual | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Unknown |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Ill-Defined Conditions, Sudden Death, Found Dead, Unknown and Unspecified Causes (780-795)** | | | | | | | | | | | | | | |
| Number | | | | | | | | | | | | | | |
| 1951 | 83,185 | 11,208 | 8,219 | 7,653 | 6,481 | 5,741 | 5,274 | 5,723 | 6,040 | 6,355 | 6,365 | 6,480 | 7,646 | |
| 1950 | 79,781 | 10,067 | 7,887 | 8,057 | 5,731 | 4,992 | 4,731 | 5,201 | 5,438 | 5,352 | 5,952 | 6,491 | 9,864 | 18 |
| Rate | | | | | | | | | | | | | | |
| 1951 | 98.7 | 156.5 | 127.1 | 106.9 | 93.5 | 80.2 | 76.1 | 79.9 | 84.4 | 91.7 | 88.9 | 93.5 | 106.8 | |
| 1950 | 95.9 | 142.5 | 123.6 | 114.0 | 83.8 | 70.6 | 69.2 | 73.6 | 77.0 | 78.3 | 84.2 | 94.9 | 139.6 | |
| **Senility and Senile Psychosis (794)** | | | | | | | | | | | | | | |
| Number | | | | | | | | | | | | | | |
| 1951 | 59,946 | 8,823 | 6,244 | 5,659 | 4,617 | 3,880 | 3,516 | 3,755 | 4,065 | 4,421 | 4,457 | 4,733 | 5,776 | |
| 1950 | 58,412 | 7,692 | 6,015 | 6,130 | 4,062 | 3,413 | 3,133 | 3,485 | 3,657 | 3,711 | 4,345 | 4,955 | 7,814 | |
| Rate | | | | | | | | | | | | | | |
| 1951 | 71.1 | 123.2 | 96.6 | 79.0 | 66.6 | 54.2 | 50.7 | 52.4 | 56.8 | 63.8 | 62.3 | 68.3 | 80.7 | |
| 1950 | 70.2 | 107.4 | 94.2 | 85.6 | 59.4 | 47.7 | 45.8 | 48.7 | 51.1 | 54.3 | 60.7 | 72.5 | 109.1 | |
| **Accidents and Poisonings (E800-E802, E810-E835, E840-E965)** | | | | | | | | | | | | | | |
| Number | | | | | | | | | | | | | | |
| 1951 | 32,459 | 2,325 | 1,990 | 2,369 | 2,562 | 2,676 | 2,620 | 3,811 | 3,899 | 2,494 | 3,137 | 2,196 | 2,380 | |
| 1950 | 32,850 | 2,206 | 2,042 | 2,352 | 2,331 | 2,754 | 2,735 | 4,208 | 4,248 | 3,163 | 2,273 | 2,113 | 2,410 | 15 |
| Rate | | | | | | | | | | | | | | |
| 1951 | 38.5 | 32.5 | 30.8 | 33.1 | 37.0 | 37.4 | 37.8 | 53.2 | 54.5 | 36.0 | 43.8 | 31.7 | 33.2 | |
| 1950 | 39.5 | 30.8 | 32.0 | 32.9 | 34.1 | 38.5 | 40.0 | 58.8 | 59.3 | 46.3 | 31.7 | 30.9 | 33.7 | |

See footnotes at end of table

TABLE 4. - DEATHS AND DEATH RATES FOR SELECTED CAUSES BY MONTH: JAPAN, 1950-1951, Cont'd
(Rates per 100,000 population per annum)

| Year | Annual | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Un-known |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Suicide and Self-Inflicted Injury (E970-E979)** | | | | | | | | | | | | | | |
| Number | | | | | | | | | | | | | | |
| 1951 | 15,455 | 1,032 | 1,031 | 1,432 | 1,489 | 1,718 | 1,375 | 1,325 | 1,374 | 1,158 | 1,268 | 1,133 | 1,120 | |
| 1950 | 16,311 | 1,251 | 1,198 | 1,523 | 1,733 | 1,654 | 1,471 | 1,554 | 1,416 | 1,228 | 1,171 | 1,058 | 1,029 | 20 |
| Rate | | | | | | | | | | | | | | |
| 1951 | 18.3 | 14.4 | 15.9 | 20.0 | 21.5 | 24.0 | 19.8 | 18.5 | 19.2 | 16.7 | 17.7 | 16.4 | 15.6 | |
| 1950 | 19.6 | 17.7 | 18.8 | 21.6 | 25.3 | 23.5 | 21.5 | 22.0 | 20.0 | 18.0 | 16.6 | 15.5 | 14.6 | |
| **Homicide and Injury Purposely Inflicted by Another Person (Not In War) (E980-E984)** | | | | | | | | | | | | | | |
| Number | | | | | | | | | | | | | | |
| 1951 | 1,754 | 133 | 119 | 149 | 163 | 174 | 160 | 171 | 166 | 123 | 152 | 128 | 116 | |
| 1950 | 1,883 | 142 | 156 | 160 | 205 | 183 | 144 | 193 | 190 | 135 | 139 | 110 | 123 | 3 |
| Rate | | | | | | | | | | | | | | |
| 1951 | 2.1 | 1.9 | 1.8 | 2.1 | 2.4 | 2.4 | 2.3 | 2.4 | 2.3 | 1.8 | 2.1 | 1.8 | 1.6 | |
| 1950 | 2.3 | 2.0 | 2.4 | 2.3 | 3.0 | 2.6 | 2.1 | 2.7 | 2.7 | 2.0 | 2.0 | 1.6 | 1.7 | |

Footnotes:
* Number of Paratyphoid Fever and Premature Births in 1950 are provisional.
Data in 1951 are provisional.
Data refer to deaths of Japanese nationals in Japan.
Rates are the number of deaths per 100,000 population, per annum.
Cause of death tabulated according to the Sixth Revision of the International List.

Sources of original death data:
1950, Final annual schedule report, Ministry of Welfare.
1951, Monthly vital statistics reports, Ministry of Welfare.

TABLE 5. - INFANT DEATHS AND INFANT DEATH RATES FOR THE THIRTEEN LEADING CAUSES: JAPAN, 1949-1951
(Rates per 1,000 live births)

| List No. | Cause of Death | Number | | | Rate | | |
|---|---|---|---|---|---|---|---|
| | | 1951 | 1950 | 1949 | 1951 | 1950 | 1949 |
| 490-493, 763 | Pneumonia, including pneumonia of newborn | 23,050 | 24,020 | 27,606 | 10.7 | 10.3 | 10.2 |
| 772.0, 773a | Congenital debility | 21,731 | 24,644 | 36,915 | 10.1 | 10.5 | 13.7 |
| 1) | Premature birth | 20,610 | 2) 21,087 | 13,744 | 9.5 | 8.9 | 5.1 |
| 3) 571, 572, 578a, 764 | Enteritis and colitis, ulceration of the intestines and diarrhea | 14,407 | 19,282 | 26,717 | 6.7 | 8.3 | 9.9 |
| 4) | Other diseases peculiar to early infancy | 5,972 | 2) 7,578 | 8,843 | 2.8 | 3.2 | 3.3 |
| 3) 500-502, 526 | Bronchitis and bronchiectasis | 5,579 | 7,159 | 9,544 | 2.6 | 3.1 | 3.5 |
| 750-759 | Congenital malformations | 4,832 | 5,540 | 5,312 | 2.2 | 2.4 | 2.0 |
| 3) | Sudden death, unknown and ill-defined conditions | 4,372 | 4,544 | 2,514 | 2.0 | 1.9 | 0.9 |
| 085 | Measles | 3,414 | 1,315 | 4,481 | 1.6 | 0.6 | 1.7 |
| 280 | Beriberi | 2,073 | 2,497 | 3,512 | 1.0 | 1.1 | 1.3 |
| E800-E962 | Accidents and poisonings | 2,056 | 2,186 | 1,971 | 1.0 | 0.9 | 0.7 |
| 056 | Whooping cough | 2,030 | 4,421 | 5,016 | 0.9 | 1.9 | 1.9 |
| 340 | Meningitis except meningococcal and tuberculosis | 1,308 | 1,769 | 2,516 | 0.6 | 0.8 | 0.9 |

See footnotes on following page

TABLE 5. - INFANT DEATHS AND INFANT DEATH RATES FOR THE THIRTEEN LEADING CAUSES: JAPAN, 1949-1951, Cont'd
(Rates per 1,000 live births)

FOOTNOTES:

Data for 1951 are provisional.
Data refers to vital events of Japanese nationals in Japan.
Data for the years 1949 and 1950 appear for comparison only.
Infant deaths refer to death under one year of age.
Rates are per 1,000 live births in the corresponding period.

1) Premature birth (Int. Code Nos. 762.5, 765.5, 766.5, 767.5, 768.5, 769b, 770b, 771.5, 772.5, 773.5, 774, 776)
2) Number of premature birth and other diseases peculiar to early infancy for 1950 are provisional.
3) See footnote "3" in table "Infant Deaths and Infant Death Rates for Selected Causes by Month".
4) Other diseases peculiar to early infancy (Int. Code Nos. 762.0, 766.0, 767.0, 768.0, 769a, 770a, 771.0, 773.0)

TABLE 6. - INFANT DEATHS AND INFANT DEATH RATES FOR SELECTED CAUSES BY MONTH: JAPAN, 1949-1951
(Rates per 1,000 live births in the corresponding period)

| Year | Annual | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **TUBERCULOSIS ALL FORMS (001-019)** | | | | | | | | | | | | | |
| Number | | | | | | | | | | | | | |
| 1951 | 903 | 53 | 90 | 90 | 105 | 105 | 81 | 85 | 60 | 67 | 60 | 57 | 50 |
| 1950 | 1,182 | 80 | 136 | 125 | 153 | 110 | 124 | 127 | 84 | 59 | 67 | 60 | 57 |
| 1949 | 1,315 | 100 | 85 | 124 | 148 | 155 | 128 | 135 | 94 | 83 | 98 | 76 | 89 |
| Rate | | | | | | | | | | | | | |
| 1951 | 0.4 | 0.3 | 0.5 | 0.5 | 0.6 | 0.5 | 0.4 | 0.4 | 0.3 | 0.4 | 0.3 | 0.3 | 0.3 |
| 1950 | 0.5 | 0.4 | 0.6 | 0.6 | 0.7 | 0.5 | 0.6 | 0.6 | 0.4 | 0.3 | 0.3 | 0.3 | 0.3 |
| 1949 | 0.5 | 0.3 | 0.4 | 0.5 | 0.7 | 0.8 | 0.7 | 0.6 | 0.4 | 0.4 | 0.4 | 0.4 | 0.4 |
| **SYPHILIS AND ITS SEQUELAE (020-029)** | | | | | | | | | | | | | |
| Number | | | | | | | | | | | | | |
| 1951 | 478 | 82 | 69 | 49 | 40 | 33 | 32 | 28 | 20 | 25 | 26 | 37 | 37 |
| 1950 | 854 | 101 | 110 | 109 | 73 | 79 | 64 | 45 | 48 | 42 | 61 | 60 | 62 |
| 1949 | 1,143 | 135 | 102 | 112 | 125 | 79 | 82 | 78 | 69 | 55 | 107 | 90 | 109 |
| Rate | | | | | | | | | | | | | |
| 1951 | 0.2 | 0.4 | 0.4 | 0.2 | 0.2 | 0.2 | 0.2 | 0.1 | 0.1 | 0.1 | 0.1 | 0.2 | 0.2 |
| 1950 | 0.4 | 0.5 | 0.6 | 0.5 | 0.3 | 0.4 | 0.3 | 0.2 | 0.2 | 0.2 | 0.3 | 0.3 | 0.3 |
| 1949 | 0.4 | 0.4 | 0.4 | 0.5 | 0.6 | 0.4 | 0.4 | 0.4 | 0.3 | 0.3 | 0.5 | 0.4 | 0.5 |
| **DYSENTERY ALL FORMS (045-048)** | | | | | | | | | | | | | |
| Number | | | | | | | | | | | | | |
| 1951 | 146 | 2 | 6 | 5 | 4 | 9 | 13 | 37 | 31 | 10 | 12 | 8 | 9 |
| 1950 | 184 | 1 | 4 | 3 | 2 | 14 | 21 | 60 | 37 | 23 | 8 | 8 | 3 |
| 1949 | 114 | 5 | 2 | 4 | 2 | 6 | 13 | 25 | 25 | 19 | 6 | 4 | 3 |
| Rate | | | | | | | | | | | | | |
| 1951 | 0.1 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.1 | 0.2 | 0.2 | 0.1 | 0.1 | 0.0 | 0.0 |
| 1950 | 0.1 | 0.0 | 0.0 | 0.0 | 0.0 | 0.1 | 0.1 | 0.3 | 0.2 | 0.1 | 0.0 | 0.0 | 0.0 |
| 1949 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.1 | 0.1 | 0.1 | 0.1 | 0.0 | 0.0 | 0.0 |

See footnotes at end of table

TABLE 6. - INFANT DEATHS AND INFANT DEATH RATES FOR SELECTED CAUSES BY MONTH: JAPAN, 1949-1951, Cont'd
(Rates per 1,000 live births in the corresponding period)

| Year | Annual | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **SCARLET FEVER (050)** | | | | | | | | | | | | | |
| Number | | | | | | | | | | | | | |
| 1951 | 3 | - | - | - | 1 | - | - | - | - | 1 | - | - | 1 |
| *1950 | 1 | - | - | - | - | - | - | - | - | 1 | - | - | - |
| 1949 | 6 | 1 | 1 | - | 2 | 1 | - | 1 | - | - | - | - | - |
| Rate | | | | | | | | | | | | | |
| 1951 | 0.0 | - | - | - | 0.0 | - | - | - | - | 0.0 | - | - | 0.0 |
| *1950 | 0.0 | - | - | - | - | - | - | - | - | 0.0 | - | - | - |
| 1949 | 0.0 | 0.0 | 0.0 | - | 0.0 | 0.0 | - | 0.0 | - | - | - | - | - |
| **ERYSIPELAS (052)** | | | | | | | | | | | | | |
| Number | | | | | | | | | | | | | |
| 1951 | 290 | 47 | 43 | 30 | 34 | 13 | 8 | 17 | 13 | 10 | 21 | 29 | 25 |
| 1950 | 404 | 57 | 58 | 60 | 40 | 21 | 21 | 17 | 23 | 13 | 26 | 26 | 42 |
| 1949 | 755 | 97 | 80 | 110 | 75 | 50 | 31 | 35 | 54 | 49 | 47 | 57 | 70 |
| Rate | | | | | | | | | | | | | |
| 1951 | 0.1 | 0.2 | 0.2 | 0.2 | 0.2 | 0.1 | 0.0 | 0.1 | 0.1 | 0.1 | 0.1 | 0.2 | 0.1 |
| 1950 | 0.2 | 0.3 | 0.3 | 0.3 | 0.2 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.2 |
| 1949 | 0.3 | 0.3 | 0.3 | 0.4 | 0.3 | 0.2 | 0.2 | 0.2 | 0.2 | 0.2 | 0.2 | 0.3 | 0.3 |
| **SEPTICEMIA AND PYEMIA, NON PUERPERAL (053)** | | | | | | | | | | | | | |
| Number | | | | | | | | | | | | | |
| 1951 | 228 | 19 | 22 | 17 | 20 | 27 | 20 | 13 | 27 | 15 | 12 | 13 | 23 |
| 1950 | 270 | 37 | 29 | 25 | 19 | 30 | 17 | 22 | 20 | 17 | 10 | 15 | 29 |
| 1949 | 887 | 81 | 95 | 81 | 77 | 66 | 61 | 70 | 97 | 76 | 64 | 67 | 52 |
| Rate | | | | | | | | | | | | | |
| 1951 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 |
| 1950 | 0.1 | 0.2 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.0 | 0.1 | 0.1 |
| 1949 | 0.3 | 0.3 | 0.4 | 0.3 | 0.4 | 0.3 | 0.3 | 0.3 | 0.4 | 0.3 | 0.3 | 0.3 | 0.3 |

See footnotes at end of table

TABLE 6. - INFANT DEATHS AND INFANT DEATH RATES FOR SELECTED CAUSES BY MONTH: JAPAN, 1949-1951, Cont'd
(Rates per 1,000 live births in the corresponding period)

| Year | Annual | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **DIPHTHERIA (055)** | | | | | | | | | | | | | |
| Number | | | | | | | | | | | | | |
| 1951 | 82 | 9 | 15 | 11 | 4 | 7 | 7 | 3 | 2 | 3 | 5 | 5 | 11 |
| 1950 | 117 | 16 | 18 | 12 | 12 | 9 | 6 | 8 | 5 | 4 | 6 | 9 | 12 |
| 1949 | 205 | 28 | 33 | 28 | 31 | 14 | 9 | 10 | 7 | 7 | 8 | 13 | 17 |
| Rate | | | | | | | | | | | | | |
| 1951 | 0.0 | 0.0 | 0.1 | 0.1 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.1 |
| 1950 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.1 |
| 1949 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.1 | 0.1. |
| **WHOOPING COUGH (056)** | | | | | | | | | | | | | |
| Number | | | | | | | | | | | | | |
| 1951 | 2,030 | 250 | 200 | 158 | 163 | 176 | 192 | 204 | 171 | 141 | 94 | 109 | 172 |
| 1950 | 4,421 | 601 | 573 | 521 | 411 | 411 | 418 | 427 | 274 | 235 | 139 | 170 | 241 |
| 1949 | 5,016 | 309 | 289 | 322 | 347 | 472 | 522 | 591 | 605 | 433 | 314 | 324 | 488 |
| Rate | | | | | | | | | | | | | |
| 1951 | 0.9 | 1.2 | 1.1 | 0.8 | 0.9 | 0.9 | 1.0 | 1.1 | 0.9 | 0.8 | 0.5 | 0.6 | 0.9 |
| 1950 | 1.9 | 2.7 | 2.9 | 2.4 | 2.0 | 1.9 | 2.0 | 2.0 | 1.3 | 1.2 | 0.7 | 0.9 | 1.2 |
| 1949 | 1.9 | 1.0 | 1.2 | 1.3 | 1.6 | 2.3 | 2.8 | 2.8 | 2.8 | 2.0 | 1.4 | 1.6 | 2.4 |
| **MENINGOCOCCAL INFECTIONS (057)** | | | | | | | | | | | | | |
| Number | | | | | | | | | | | | | |
| 1951 | 46 | 6 | 4 | 6 | - | 4 | 4 | 3 | 4 | 1 | 7 | 2 | 5 |
| 1950 | 51 | - | 1 | 3 | 6 | 4 | 5 | 1 | 8 | 1 | 8 | 9 | 5 |
| 1949 | 84 | 9 | 8 | 13 | 5 | 7 | 10 | 3 | 2 | 4 | 10 | 8 | 5 |
| Rate | | | | | | | | | | | | | |
| 1951 | 0.0 | 0.0 | 0.0 | 0.0 | - | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 1950 | 0.0 | - | 0.0 | 0.1 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 1949 | 0.0 | 0.0 | 0.0 | 0.1 | 0.0 | 0.0 | 0.1 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |

See footnotes at end of table

TABLE 6. - INFANT DEATHS AND INFANT DEATH RATES FOR SELECTED CAUSES BY MONTH: JAPAN, 1949-1951, Cont'd
(Rates per 1,000 live births in the corresponding period)

| Year | Annual | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | TETANUS (061) | | | | | | | |
| Number | | | | | | | | | | | | | |
| 1951 | 497 | 37 | 42 | 42 | 40 | 25 | 43 | 64 | 57 | 52 | 39 | 31 | 25 |
| 1950 | 586 | 53 | 35 | 36 | 35 | 39 | 51 | 57 | 82 | 72 | 44 | 31 | 51 |
| 1949 | 876 | 64 | 79 | 66 | 58 | 56 | 79 | 91 | 118 | 96 | 63 | 54 | 52 |
| Rate | | | | | | | | | | | | | |
| 1951 | 0.2 | 0.2 | 0.2 | 0.2 | 0.2 | 0.1 | 0.2 | 0.3 | 0.3 | 0.3 | 0.2 | 0.2 | 0.1 |
| 1950 | 0.3 | 0.2 | 0.2 | 0.2 | 0.2 | 0.2 | 0.2 | 0.3 | 0.4 | 0.4 | 0.2 | 0.2 | 0.3 |
| 1949 | 0.3 | 0.2 | 0.3 | 0.3 | 0.3 | 0.3 | 0.4 | 0.4 | 0.5 | 0.4 | 0.3 | 0.3 | 0.3 |
| | | | | | | JAPANESE "B" ENCEPHALITIS (082a) | | | | | | | |
| Number | | | | | | | | | | | | | |
| 1951 | 5 | - | - | - | 1 | - | - | - | 2 | 2 | - | - | - |
| *1950 | 21 | - | - | - | - | - | - | - | 11 | 9 | 1 | - | - |
| 1949 | 8 | - | - | - | - | - | 1 | - | 1 | 4 | 2 | - | - |
| Rate | | | | | | | | | | | | | |
| 1951 | 0.0 | - | - | - | 0.0 | - | - | - | 0.0 | 0.0 | - | - | - |
| *1950 | 0.0 | - | - | - | - | - | - | - | 0.0 | 0.0 | 0.0 | - | - |
| 1949 | 0.0 | - | - | - | - | - | 0.0 | - | 0.0 | 0.0 | 0.0 | - | - |
| | | | | | | MEASLES (085) | | | | | | | |
| Number | | | | | | | | | | | | | |
| 1951 | 3,414 | 105 | 186 | 330 | 570 | 840 | 670 | 380 | 152 | 37 | 53 | 44 | 47 |
| 1950 | 1,315 | 94 | 89 | 143 | 191 | 248 | 251 | 127 | 37 | 19 | 16 | 37 | 63 |
| 1949 | 4,481 | 195 | 232 | 462 | 636 | 1,148 | 830 | 507 | 200 | 66 | 50 | 70 | 85 |
| Rate | | | | | | | | | | | | | |
| 1951 | 1.6 | 0.5 | 1.0 | 1.7 | 3.0 | 4.3 | 3.6 | 2.0 | 0.8 | 0.2 | 0.3 | 0.2 | 0.3 |
| 1950 | 0.6 | 0.4 | 0.4 | 0.7 | 0.9 | 1.2 | 1.2 | 0.6 | 0.2 | 0.1 | 0.1 | 0.2 | 0.3 |
| 1949 | 1.7 | 0.6 | 1.0 | 1.9 | 2.9 | 5.7 | 4.4 | 2.4 | 0.9 | 0.3 | 0.2 | 0.3 | 0.4 |


See footnotes at end of table

TABLE 6. - INFANT DEATHS AND INFANT DEATH RATES FOR SELECTED CAUSES BY MONTH: JAPAN, 1949-1951, Cont'd
(Rates per 1,000 live births in the corresponding period)

| Year | Annual | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **MALARIA (110-117)** | | | | | | | | | | | | | |
| Number | | | | | | | | | | | | | |
| 1951 | - | - | - | - | - | - | - | - | - | - | - | - | - |
| *1950 | 1 | - | - | - | - | - | 1 | - | - | - | - | - | - |
| 1949 | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Rate | | | | | | | | | | | | | |
| 1951 | - | - | - | - | - | - | - | - | - | - | - | - | - |
| *1950 | 0.0 | - | - | - | - | - | 0.0 | - | - | - | - | - | - |
| 1949 | - | - | - | - | - | - | - | - | - | - | - | - | - |
| **BERIBERI (280)** | | | | | | | | | | | | | |
| Number | | | | | | | | | | | | | |
| 1951 | 2,073 | 290 | 273 | 271 | 246 | 132 | 140 | 118 | 97 | 104 | 107 | 122 | 173 |
| 1950 | 2,497 | 378 | 312 | 343 | 233 | 182 | 160 | 134 | 87 | 84 | 146 | 203 | 235 |
| 1949 | 3,512 | 427 | 389 | 444 | 370 | 293 | 224 | 187 | 169 | 169 | 210 | 277 | 353 |
| Rate | | | | | | | | | | | | | |
| 1951 | 1.0 | 1.4 | 1.5 | 1.4 | 1.3 | 0.7 | 0.7 | 0.6 | 0.5 | 0.6 | 0.6 | 0.7 | 0.7 |
| 1950 | 1.1 | 1.7 | 1.6 | 1.6 | 1.1 | 0.9 | 0.8 | 0.6 | 0.4 | 0.4 | 0.7 | 1.0 | 1.2 |
| 1949 | 1.3 | 1.3 | 1.6 | 1.8 | 1.7 | 1.5 | 1.2 | 0.9 | 0.8 | 0.8 | 1.0 | 1.3 | 1.7 |
| **MENINGITIS EXCEPT MENINGOCOCCAL AND TUBERCULOUS (340)** | | | | | | | | | | | | | |
| Number | | | | | | | | | | | | | |
| 1951 | 1,308 | 155 | 119 | 141 | 147 | 112 | 109 | 92 | 80 | 72 | 75 | 90 | 116 |
| 1950 | 1,769 | 201 | 204 | 179 | 154 | 170 | 158 | 123 | 85 | 84 | 119 | 145 | 147 |
| 1949 | 2,516 | 257 | 210 | 270 | 279 | 239 | 211 | 176 | 151 | 127 | 188 | 188 | 220 |
| Rate | | | | | | | | | | | | | |
| 1951 | 0.6 | 0.8 | 0.7 | 0.7 | 0.8 | 0.6 | 0.6 | 0.5 | 0.4 | 0.4 | 0.4 | 0.5 | 0.6 |
| 1950 | 0.8 | 0.9 | 1.0 | 0.9 | 0.7 | 0.8 | 0.8 | 0.6 | 0.4 | 0.4 | 0.6 | 0.7 | 0.7 |
| 1949 | 0.9 | 0.8 | 0.9 | 1.1 | 1.3 | 1.2 | 1.1 | 0.8 | 0.7 | 0.6 | 0.9 | 0.9 | 1.1 |

See footnotes at end of table

TABLE 6. - INFANT DEATHS AND INFANT DEATH RATES FOR SELECTED CAUSES BY MONTH: JAPAN, 1949-1951, Cont'd
(Rates per 1,000 live births in the corresponding period)

| Year | Annual | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **INFLUENZA (480-483)** | | | | | | | | | | | | | |
| Number | | | | | | | | | | | | | |
| 1951 | 186 | 59 | 60 | 19 | 8 | 3 | 7 | 1 | 1 | 1 | 5 | 8 | 14 |
| 1950 | 237 | 41 | 36 | 32 | 23 | 11 | 6 | - | 4 | 2 | 1 | 13 | 68 |
| 1949 | 177 | 27 | 39 | 21 | 17 | 17 | 5 | 4 | 2 | 4 | 8 | 13 | 20 |
| Rate | | | | | | | | | | | | | |
| 1951 | 0.1 | 0.3 | 0.3 | 0.1 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.1 |
| 1950 | 0.1 | 0.2 | 0.2 | 0.2 | 0.1 | 0.1 | 0.0 | - | 0.0 | 0.0 | 0.0 | 0.1 | 0.3 |
| 1949 | 0.1 | 0.1 | 0.2 | 0.1 | 0.1 | 0.1 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.1 | 0.1 |
| **PNEUMONIA, INCLUDING PNEUMONIA OF THE NEWBORN (490-493, 763)** | | | | | | | | | | | | | |
| Number | | | | | | | | | | | | | |
| 1951 | 23,050 | 3,923 | 3,969 | 3,675 | 2,357 | 1,699 | 1,042 | 860 | 566 | 614 | 853 | 1,240 | 2,252 |
| 1950 | 24,020 | 4,750 | 3,668 | 3,548 | 2,104 | 1,588 | 1,174 | 839 | 543 | 673 | 1,031 | 1,482 | 2,620 |
| 1949 | 27,606 | 4,189 | 3,747 | 3,618 | 2,918 | 2,216 | 1,464 | 1,123 | 732 | 772 | 1,102 | 2,070 | 3,655 |
| Rate | | | | | | | | | | | | | |
| 1951 | 10.7 | 19.6 | 22.1 | 18.5 | 12.4 | 8.7 | 5.5 | 4.4 | 2.9 | 3.4 | 4.6 | 6.9 | 12.3 |
| 1950 | 10.3 | 21.3 | 18.3 | 16.3 | 10.1 | 7.4 | 5.7 | 4.0 | 2.6 | 3.4 | 5.1 | 7.7 | 13.2 |
| 1949 | 10.2 | 13.0 | 15.5 | 14.7 | 13.4 | 11.0 | 7.8 | 5.3 | 3.4 | 3.5 | 5.0 | 9.9 | 17.9 |
| **1) BRONCHITIS (500-502)** | | | | | | | | | | | | | |
| Number | | | | | | | | | | | | | |
| 1951 | 5,579 | 949 | 998 | 883 | 590 | 383 | 285 | 202 | 149 | 139 | 227 | 314 | 460 |
| 1950 | 7,159 | 1,409 | 1,200 | 1,115 | 643 | 509 | 335 | 243 | 179 | 182 | 312 | 361 | 671 |
| 1949 | 9,544 | 1,382 | 1,328 | 1,391 | 980 | 721 | 537 | 409 | 276 | 276 | 431 | 672 | 1,141 |
| Rate | | | | | | | | | | | | | |
| 1951 | 2.6 | 4.7 | 5.5 | 4.5 | 3.1 | 2.0 | 1.5 | 1.0 | 0.8 | 0.8 | 1.2 | 1.8 | 2.5 |
| 1950 | 3.1 | 6.3 | 6.0 | 5.1 | 3.1 | 2.4 | 1.6 | 1.2 | 0.9 | 0.9 | 1.5 | 1.9 | 3.4 |
| 1949 | 3.5 | 4.3 | 5.5 | 5.6 | 4.5 | 3.6 | 2.9 | 1.9 | 1.3 | 1.3 | 2.0 | 3.2 | 5.6 |

See footnotes at end of table

TABLE 6. - INFANT DEATHS AND INFANT DEATH RATES FOR SELECTED CAUSES BY MONTH: JAPAN, 1949-1951, Cont'd
(Rates per 1,000 live births in the corresponding period)

| Year | Annual | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2) ENTERITIS AND COLITIS, ULCERATION OF THE INTESTINES AND DIARRHEA (571.0, 572, 578a, 764) | | | | | | | | | | | | | |
| Number | | | | | | | | | | | | | |
| 1951 | 14,407 | 1,556 | 1,304 | 1,340 | 1,174 | 1,108 | 1,220 | 1,366 | 1,187 | 888 | 916 | 1,137 | 1,211 |
| 1950 | 19,282 | 1,814 | 1,529 | 1,694 | 1,386 | 1,582 | 1,837 | 2,287 | 1,848 | 1,209 | 1,108 | 1,313 | 1,675 |
| 1949 | 26,717 | 2,226 | 1,825 | 2,061 | 2,138 | 2,219 | 2,493 | 2,957 | 2,716 | 1,989 | 1,651 | 2,187 | 2,255 |
| Rate | | | | | | | | | | | | | |
| 1951 | 6.7 | 7.8 | 7.2 | 6.8 | 6.2 | 5.7 | 6.5 | 7.0 | 6.2 | 4.9 | 4.9 | 6.4 | 6.6 |
| 1950 | 8.3 | 8.1 | 7.6 | 7.8 | 6.6 | 7.4 | 9.0 | 10.9 | 8.9 | 6.1 | 5.5 | 6.8 | 8.4 |
| 1949 | 9.9 | 6.9 | 7.6 | 8.4 | 9.8 | 11.0 | 13.3 | 14.0 | 12.5 | 9.0 | 7.6 | 10.5 | 11.1 |
| CONGENITAL MALFORMATIONS (750-759) | | | | | | | | | | | | | |
| Number | | | | | | | | | | | | | |
| 1951 | 4,832 | 568 | 556 | 508 | 427 | 320 | 330 | 343 | 328 | 304 | 341 | 371 | 436 |
| 1950 | 5,540 | 557 | 533 | 520 | 468 | 449 | 374 | 414 | 391 | 400 | 439 | 460 | 535 |
| 1949 | 5,312 | 541 | 507 | 565 | 464 | 380 | 359 | 370 | 318 | 391 | 415 | 488 | 514 |
| Rate | | | | | | | | | | | | | |
| 1951 | 2.2 | 2.8 | 3.1 | 2.6 | 2.2 | 1.6 | 1.7 | 1.8 | 1.7 | 1.7 | 1.8 | 2.1 | 2.4 |
| 1950 | 2.4 | 2.5 | 2.7 | 2.4 | 2.2 | 2.1 | 1.8 | 2.0 | 1.9 | 2.0 | 2.1 | 2.4 | 2.7 |
| 1949 | 2.0 | 1.7 | 2.1 | 2.3 | 2.1 | 1.9 | 1.9 | 1.8 | 1.5 | 1.8 | 1.9 | 2.3 | 2.5 |
| BIRTH INJURIES (760-761) | | | | | | | | | | | | | |
| Number | | | | | | | | | | | | | |
| 1951 | 1,394 | 121 | 154 | 126 | 105 | 109 | 108 | 119 | 132 | 115 | 79 | 93 | 133 |
| 1950 | 1,433 | 117 | 134 | 129 | 106 | 100 | 123 | 131 | 145 | 121 | 118 | 88 | 121 |
| 1949 | 1,165 | 98 | 111 | 94 | 105 | 76 | 93 | 94 | 91 | 99 | 107 | 97 | 100 |
| Rate | | | | | | | | | | | | | |
| 1951 | 0.6 | 0.6 | 0.9 | 0.6 | 0.6 | 0.6 | 0.6 | 0.6 | 0.7 | 0.6 | 0.4 | 0.5 | 0.7 |
| 1950 | 0.6 | 0.5 | 0.7 | 0.6 | 0.5 | 0.5 | 0.6 | 0.6 | 0.7 | 0.6 | 0.6 | 0.5 | 0.6 |
| 1949 | 0.4 | 0.3 | 0.5 | 0.4 | 0.5 | 0.4 | 0.5 | 0.4 | 0.4 | 0.5 | 0.5 | 0.5 | 0.5 |

See footnotes at end of table

TABLE 6. - INFANT DEATHS AND INFANT DEATH RATES FOR SELECTED CAUSES BY MONTH: JAPAN, 1949-1951, Cont'd
(Rates per 1,000 live births in the corresponding period)

| Year | Annual | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **3) OTHER DISEASES PECULIAR TO EARLY INFANCY** | | | | | | | | | | | | | |
| Number | | | | | | | | | | | | | |
| 1951 | 5,972 | 1,014 | 934 | 749 | 462 | 371 | 283 | 304 | 312 | 301 | 308 | 399 | 534 |
| *1950 | 7,578 | 1,097 | 887 | 857 | 446 | 414 | 438 | 516 | 479 | 511 | 526 | 599 | 808 |
| 1949 | 8,843 | 1,157 | 1,017 | 1,108 | 824 | 565 | 543 | 660 | 582 | 483 | 523 | 610 | 771 |
| Rate | | | | | | | | | | | | | |
| 1951 | 2.8 | 5.1 | 5.2 | 3.8 | 2.4 | 1.9 | 1.5 | 1.6 | 1.6 | 1.6 | 1.6 | 2.2 | 2.9 |
| *1950 | 3.2 | 4.2 | 4.0 | 3.9 | 2.4 | 2.4 | 2.7 | 2.8 | 2.5 | 2.6 | 2.8 | 3.2 | 4.3 |
| 1949 | 3.3 | 3.6 | 4.2 | 4.5 | 3.8 | 2.8 | 2.9 | 3.1 | 2.7 | 2.2 | 2.4 | 2.9 | 3.8 |
| **4) PREMATURE BIRTH** | | | | | | | | | | | | | |
| Number | | | | | | | | | | | | | |
| 1951 | 20,610 | 2,782 | 2,278 | 2,067 | 1,486 | 1,472 | 1,404 | 1,378 | 1,281 | 1,229 | 1,380 | 1,743 | 2,109 |
| *1950 | 21,087 | 2,258 | 2,263 | 2,190 | 1,687 | 1,526 | 1,372 | 1,430 | 1,335 | 1,334 | 1,572 | 1,774 | 2,346 |
| 1949 | 13,744 | 1,500 | 1,281 | 1,364 | 1,142 | 1,025 | 986 | 1,019 | 1,004 | 980 | 958 | 1,117 | 1,368 |
| Rate | | | | | | | | | | | | | |
| 1951 | 9.5 | 13.9 | 12.7 | 10.4 | 7.8 | 7.5 | 7.4 | 7.1 | 6.7 | 6.7 | 7.4 | 9.7 | 11.5 |
| *1950 | 8.9 | 8.7 | 10.2 | 10.1 | 8.9 | 8.8 | 8.4 | 7.7 | 6.9 | 6.9 | 8.3 | 9.5 | 12.6 |
| 1949 | 5.1 | 4.7 | 5.3 | 5.5 | 5.2 | 5.1 | 5.3 | 4.8 | 4.6 | 4.5 | 4.4 | 5.3 | 6.7 |
| **CONGENITAL DEBILITY (772.0, 773a)** | | | | | | | | | | | | | |
| Number | | | | | | | | | | | | | |
| 1951 | 21,731 | 3,423 | 2,912 | 2,582 | 1,811 | 1,413 | 1,189 | 1,293 | 1,278 | 1,142 | 1,182 | 1,512 | 1,994 |
| 1950 | 24,644 | 3,708 | 3,099 | 2,934 | 1,874 | 1,554 | 1,381 | 1,550 | 1,384 | 1,289 | 1,494 | 1,720 | 2,657 |
| 1949 | 36,915 | 4,805 | 3,967 | 4,588 | 3,359 | 2,489 | 2,200 | 2,391 | 2,155 | 1,979 | 2,282 | 2,983 | 3,717 |
| Rate | | | | | | | | | | | | | |
| 1951 | 10.1 | 17.1 | 16.2 | 13.0 | 9.5 | 7.2 | 6.3 | 6.7 | 6.7 | 6.2 | 6.3 | 8.4 | 10.9 |
| 1950 | 10.5 | 16.6 | 15.5 | 13.5 | 9.0 | 7.3 | 6.7 | 7.4 | 6.7 | 6.5 | 7.4 | 8.9 | 13.4 |
| 1949 | 13.7 | 14.9 | 16.4 | 18.6 | 15.4 | 12.4 | 11.7 | 11.4 | 9.9 | 9.0 | 10.4 | 14.3 | 18.2 |

See footnotes at end of table

TABLE 6. - INFANT DEATHS AND INFANT DEATH RATES FOR SELECTED CAUSES BY MONTH: JAPAN, 1949-1951, Cont'd
(Rates per 1,000 live births in the corresponding period)

| Year | Annual | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **5) SUDDEN DEATH, UNKNOWN AND ILL-DEFINED CONDITIONS** | | | | | | | | | | | | | |
| Number | | | | | | | | | | | | | |
| 1951 | 4,372 | 509 | 510 | 467 | 395 | 341 | 285 | 307 | 308 | 267 | 279 | 322 | 382 |
| 1950 | 4,544 | 535 | 462 | 487 | 421 | 327 | 347 | 336 | 305 | 272 | 300 | 333 | 417 |
| 1949 | 2,514 | 254 | 253 | 311 | 280 | 196 | 168 | 158 | 123 | 107 | 177 | 226 | 261 |
| Rate | | | | | | | | | | | | | |
| 1951 | 2.0 | 2.5 | 2.8 | 2.4 | 2.1 | 1.7 | 1.5 | 1.6 | 1.6 | 1.5 | 1.5 | 1.8 | 2.1 |
| 1950 | 1.9 | 2.4 | 2.3 | 2.3 | 2.0 | 1.5 | 1.7 | 1.6 | 1.5 | 1.4 | 1.5 | 1.7 | 2.1 |
| 1949 | 0.9 | 0.8 | 1.0 | 1.3 | 1.3 | 1.0 | 0.9 | 0.8 | 0.6 | 0.5 | 0.8 | 1.1 | 1.3 |
| **6) CONVULSIONS AND TETANY (780.2, 788.5)** | | | | | | | | | | | | | |
| Number | | | | | | | | | | | | | |
| 1951 | 797 | 94 | 103 | 112 | 81 | 41 | 82 | 46 | 38 | 41 | 45 | 59 | 55 |
| *1950 | 908 | 108 | 106 | 112 | 95 | 79 | 72 | 36 | 46 | 37 | 64 | 72 | 81 |
| 1949 | 1,411 | 169 | 146 | 168 | 170 | 148 | 96 | 74 | 56 | 66 | 82 | 129 | 107 |
| Rate | | | | | | | | | | | | | |
| 1951 | 0.4 | 0.5 | 0.6 | 0.6 | 0.4 | 0.2 | 0.4 | 0.2 | 0.2 | 0.2 | 0.2 | 0.3 | 0.3 |
| *1950 | 0.4 | 0.4 | 0.5 | 0.5 | 0.5 | 0.5 | 0.4 | 0.2 | 0.2 | 0.2 | 0.3 | 0.4 | 0.4 |
| 1949 | 0.5 | 0.5 | 0.6 | 0.7 | 0.8 | 0.7 | 0.5 | 0.4 | 0.3 | 0.3 | 0.4 | 0.6 | 0.5 |
| **ACCIDENTS AND POISONINGS (E800-E962)** | | | | | | | | | | | | | |
| Number | | | | | | | | | | | | | |
| 1951 | 2,056 | 258 | 208 | 223 | 182 | 134 | 128 | 112 | 97 | 116 | 178 | 180 | 240 |
| 1950 | 2,186 | 274 | 240 | 247 | 170 | 160 | 156 | 156 | 103 | 118 | 142 | 155 | 265 |
| 1949 | 1,971 | 214 | 163 | 208 | 171 | 128 | 128 | 145 | 117 | 101 | 129 | 214 | 253 |
| Rate | | | | | | | | | | | | | |
| 1951 | 1.0 | 1.3 | 1.2 | 1.1 | 1.0 | 0.7 | 0.7 | 0.6 | 0.5 | 0.6 | 1.0 | 1.0 | 1.3 |
| 1950 | 0.9 | 1.0 | 1.2 | 1.2 | 0.8 | 0.7 | 0.8 | 0.7 | 0.5 | 0.6 | 0.7 | 0.8 | 1.3 |
| 1949 | 0.7 | 0.7 | 0.7 | 0.8 | 0.8 | 0.6 | 0.7 | 0.7 | 0.5 | 0.5 | 0.6 | 1.0 | 1.2 |

See footnotes at end of table

TABLE 6. - INFANT DEATHS AND INFANT DEATH RATES FOR SELECTED CAUSES BY MONTH: JAPAN, 1949-1951, Cont'd
(Rates per 1,000 live births in the corresponding period)

FOOTNOTES:

Data in 1951 are provisional. Data refer to vital events of Japanese nationals in Japan.
Infant deaths refer to deaths under one year of age.
Rates are per 1,000 live births in the corresponding period.
Cause of death in 1949 are tabulated according to the Fifth Revision of International List, and in 1950 and 1951 according to the Sixth Revision of International List.

* Number of scarlet fever, Japanese "B" encephalitis, malaria, other diseases peculiar to early infancy, premature birth and convulsion and tetany in 1950 are provisional.

1) Bronchitis: 1949 include bronchiectasis (Int. Code No. 526) and 1950-1951 exclude bronchiectasis (Int. Code No. 526).
2) Enteritis and colitis, ulceration of the intestines and diarrhea: 1949 include ulceration of intestines under 2 years of age (Int. Code No. 578a) and 1950-1951 exclude (Int. Code No. 578a).
3) Other diseases peculiar to early infancy (Int. Code Nos. 762.0, 766.0, 767.0, 768.0, 769a, 770a, 771.0, 773.0).
4) Premature birth (Int. Code Nos. 762.5, 765.5, 766.5, 767.5, 768.5, 769b, 770b, 771.5, 772.5, 773.5, 774, 776).
5) Sudden death, unknown and ill-defined conditions: 1949 (Int. Code Nos. 780.0-780.1, 780.6-780.8, 781.9, 782.3-782.6, 782.9, 783.2-783.7, 784.0, 784.3, 784.4, 784.6-784.8, 785.0, 785.3-785.5, 785.9, 788.0-788.4, 788.8-788.9, 790-791, 793, 795x, 795.1-795.5); 1950-1951 (780-784, 785.0-785.5, 785.7-785.9, 786-788, 789.2-789.7, 790, 791, 793, 795). There were 2 deaths under this heading in 1950 for which the month is unknown.
6) Number of convulsion and tetany in 1951 does not include tetany (788.5)

A dash (-) indicates that no deaths were reported.
A rate of 0.0 indicates that there were some deaths but that the rate was less than 0.05.

SOURCES:

Rates in 1949 were computed by Public Health and Welfare Section, GHQ, SCAP, and in 1950 and 1951 were computed by Statistical and Research Division, Ministry of Welfare.
Sources of original data: 1949-1950, Final annual schedule reports, Ministry of Welfare.
1951, Monthly vital statistics schedule reports, Ministry of Welfare.

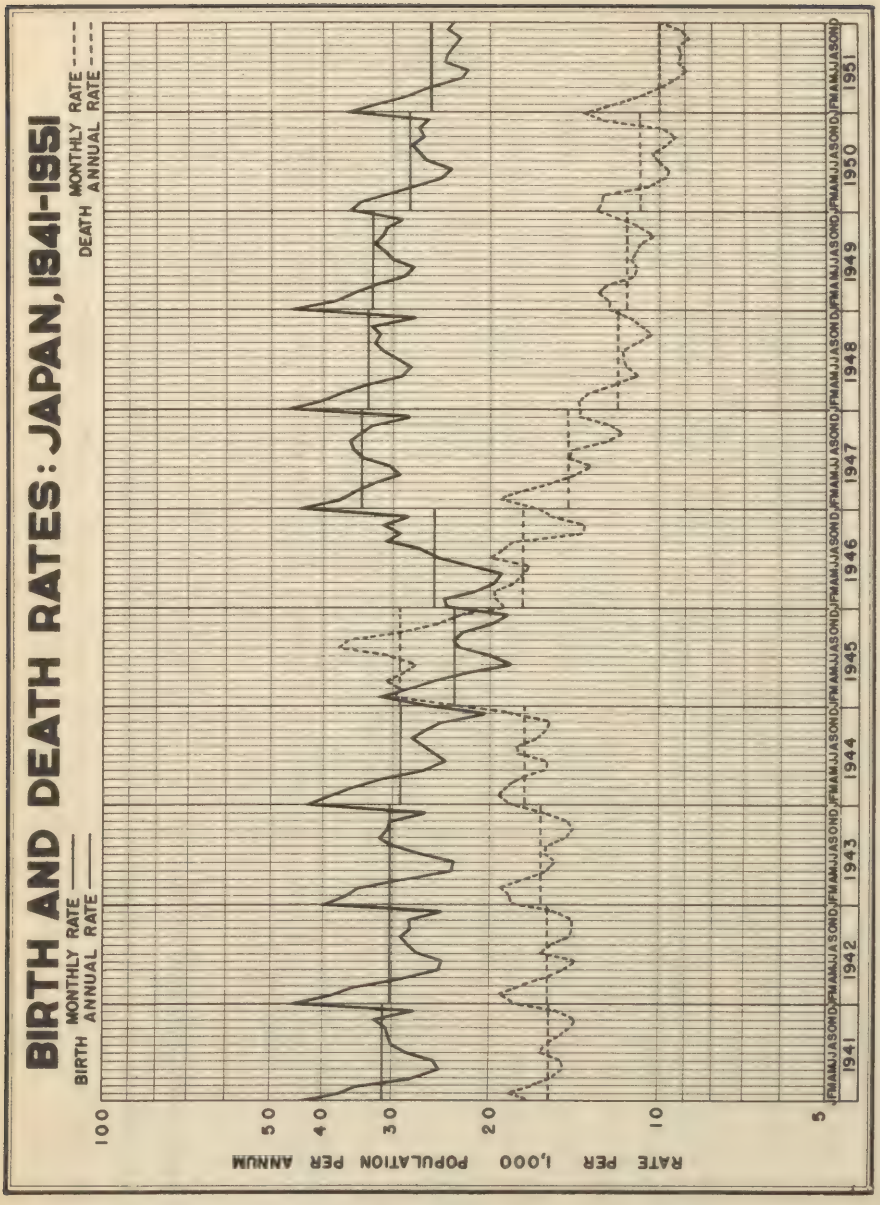


CHART 3. Birth and Death Rates: Japan, 1941-1951

TABLE 7. - POPULATION, LIVE BIRTHS, DEATHS, INFANT DEATHS, STILLBIRTHS, MARRIAGES, AND DIVORCES: JAPAN, 1949-1951

| Year | (1) Population | Live Births | Deaths | (2) Infant Deaths | (3) Stillbirths | Marriages | Divorces |
|---|---|---|---|---|---|---|---|
| * 1951 | 84,300,000 | 2,157,414 | 842,898 | 123,293 | 217,477 | 672,081 | 82,670 |
| 1950 | 83,200,000 | 2,337,507 | 904,876 | 140,515 | 216,974 | 715,135 | 83,689 |
| 1949 | 82,200,000 | 2,696,638 | 945,444 | 168,467 | 192,677 | 842,170 | 82,575 |

Footnotes:

* Data are provisional.
Data refer to vital events of Japanese nationals in Japan.

(1) Population:
1949, Estimated on 1 July (Bulletin 51, November 1950, Japanese Economic and Scientific Section, GHQ, SCAP).
1950, Census population on 1 October.
1951, Estimated on 1 July.

(2) Death under one year of age.

(3) Stillbirths after the third month.

Source of vital statistics: 1949 and 1950, Final annual schedule reports, Ministry of Welfare.
1951, Monthly vital schedule reports, Ministry of Welfare.

CHART 4. Infant Death and Stillbirth Rates: Japan, 1941-1951

TABLE 8. - LIVE BIRTH, DEATH, INFANT DEATH, STILLBIRTH, MARRIAGE, AND DIVORCE RATES: JAPAN, 1949-1951

| Year | Live Birth Rates | Death Rates | (1) Infant Death Rates | (2) Stillbirth Rates | Marriage Rates | Divorce Rates |
|---|---|---|---|---|---|---|
| * 1951 | 25.6 | 10.0 | 57.1 | 91.6 | 8.0 | 1.0 |
| 1950 | 28.1 | 10.9 | 60.1 | 84.9 | 8.6 | 1.0 |
| 1949 | 32.8 | 11.5 | 62.5 | 71.5 | 10.2 | 1.0 |

Footnotes:

* Data are provisional.
Birth, death, marriage, and divorce rates are the number of events per 1,000 population.

(1) Infant death and stillbirth rates are per 1,000 live births in the corresponding period.
Data refer to vital events of Japanese nationals in Japan.
Deaths under one year of age.

(2) Stillbirths after the third month.

Source of original vital statistics data:
1949 and 1950, Final annual schedule reports, Ministry of Welfare.
1951, Monthly vital statistics reports, Ministry of Welfare.

CHART 5. Expectation of Life at Birth in Japan

TABLE 9. - EXPECTATION OF LIFE AT BIRTH

| | Year | Male | Female |
|---|---|---|---|
| The 1'st Life Table | 1889-1898 | 42.8 | 44.3 |
| The 2'nd Life Table | 1899-1903 | 43.97 | 44.85 |
| The 3'rd Life Table | 1909-1913 | 44.25 | 44.73 |
| The 4'th Life Table | 1921-1925 | 42.06 | 43.20 |
| The 5'th Life Table | 1926-1930 | 44.82 | 46.54 |
| The 6'th Life Table | 1935-1936 | 46.92 | 49.60 |
| Abridged Life Table | ( 1945 ) | 23.9 | 37.5 |
| | ( 1946 ) | 42.6 | 51.1 |
| The 8'th Life Table | 1947 | 50.06 | 53.96 |
| Abridged Life Table | ( 1948 ) | 55.6 | 59.4 |
| | ( 1949 ) | 56.3 | 60.0 |
| | ( 1950 ) | 58.0 | 61.4 |
| | ( 1951 ) | 60.8 | 64.8 |

## Chapter 3

## HEALTH AND WELFARE STATISTICS

### Abolishment of Health and Welfare Statistics Branch

The public health and welfare statistical activities of the Public Health and Welfare Division, Medical Section, General Headquarters, Supreme Commander for the Allied Powers, were discontinued as of 4 September 1951 with the closing of the Health and Welfare Statistics Branch. Residual health statistical activities were assumed by the Preventive Medicine Branch, while the residual welfare statistical activities were assumed by the Welfare Branch.

The following summation of the progress and development of the health and welfare statistical program in Japan was compiled from information and data furnished by the Statistics and Research Division of the Ministry of Welfare.

The few tables, charts, and graphs which appear in this summation were selected with a view towards the presentation of as clear a statistical picture as possible of the general public health situation in Japan within the limited space allotted for this subject in this publication.

The data presented in this summation pertaining to rates for specific causes of death and for morbidity are expressed per 100,000 population. The base population used in this summation for Japan was 84,300,000 (1 July 1951).

### Statistics and Research Division, Ministry of Welfare - Facilities

Expansion of the facilities of the Statistics and Research Division, Ministry of Welfare, continued in 1951. In the present location in the Kagomachi Building, Tokyo, the Division now occupies a total of 984 tsubo (approximately 35,325 sq. ft.) of floor space on the ground and second floors and is composed of the Field Staff Section (199 tsubo - approximately 7,744 sq. ft.), the Analysis and Report Section (98 tsubo - approximately 3,518 sq. ft.), and the Tabulation Section (581 tsubo - approximately 20,857 sq. ft.). Improvements in the library and other facilities were also made so that the Division now enjoys rather modern, well-equipped, and pleasant quarters.

### Health and Welfare Statistics - Present Status

#### Health Statistics

Health statistics, excluding vital statistics and morbidity statistics includes (1) Statistics Reports in accordance with the Ministry of Welfare Reports Standards, (2) Monthly Venereal Disease Clinics Reports, (3) Survey on Completeness of Stillbirth Declaration, (4) Monthly Report on Health Center Activities, (5) Monthly Hospital Reports, (6) Report on Results of Prophylactic Vaccination, (7) Report

on Pregnancy, (8) Quarterly Report on Examination for Tuberculosis, and (9) Report on Results of Prophylactic Vaccination for Tuberculosis. The majority of these reports are in the form of annual reports based on the calendar year while many of the other reports, though annual in form, are based on the fiscal year ending in March of each year. Calendar year reports are submitted by all prefectural governments to the Ministry of Welfare by the end of each February. Fiscal year reports are submitted to the Ministry of Welfare by the prefectural governments by the end of May of each year. At the present time a total of 55 health reports are compiled by the Ministry of Welfare from data submitted by the prefectural governments. These reports are prepared by the various bureaus of the Ministry as follows: 39 by the Public Sanitation Bureau, eight by the Medical Affairs Bureau, and eight by the Pharmaceutical Affairs Bureau.

## Social Welfare Statistics

Social welfare statistics at the present time consist of ten monthly reports and eleven annual reports. Among these reports five monthly reports and threeannual reports originate from cities, towns, and villages. In the near future such reports will originate from the District Welfare Offices. Two monthly reports and two annual reports originate from welfare institutions. The remaining reports are submitted by the welfare departments of each prefectural government.

Monthly social welfare reports include statistics on (1) number of families and individuals who received assistance under the Daily Life Security Law, (2) expenditures for assistance by types of assistance given, (3) number of opened cases, (4) number of closed cases, (5) number of families and individuals who received assistance under the Law for Welfare of Disabled Persons and Disaster Relief Law, (6) expenditures under "(5)" for assistance given, (7) Public Pawn Shops, and (8) Consumers' Livelihood Cooperative Associations.

The annual reports consist of three calendar year reports and eight fiscal year reports. These reports include statistical information on (1) the number of social welfare organizations, (2) number of social welfare institutions, (3) number of persons in charge of social welfare administration, (4) expenditures for social welfare administration, (5) number of persons who received assistance under the Daily Life Security Law or the Law for Welfare of Disabled Persons, (6) Public Pawn Shops and (7) Consumers' Livelihood Cooperative Association.

## Child Welfare Statistics

Child welfare statistics at the present time consist of nine monthly and five annual reports. The monthly reports contain data on (1) number of inmates of child welfare institutions, (2) number of recipients of care under the Child Welfare Law, (3) amount of expenditure for care given, and (4) foster homes and other miscellaneous subjects. The annual reports include information on (1) number of child welfare workers in child welfare centers, (2) number of child welfare personnel in local and prefectural agencies, (3) number of cases referred to child welfare workers, (4) amount of expenditure for child

welfare programs, and (5) other reports of miscellaneous activities in the child welfare program.

Statistical data from the annual reports covering social welfare and child welfare will appear in the annual Social Welfare Statistical Report.

## Legislation

Legislation which directly or indirectly strengthened the health and welfare statistical program was promulgated either by Diet action or through ministerial ordinances and regulations. Some of the more important are listed below:

3 April 1951 - Ministerial Regulation No. 53, Regulations for Handling of Statistical Forms within the Ministry of Welfare. This regulation was issued in order to effect an improved and coordinated statistical system through the elimination of existing duplication of effort by various sections, divisions, and bureaus of the Ministry.

April 1951 - Cabinet Order No. 127, Use of Uniform List of Classification of Diseases, Injuries, and Causes of Death. This Cabinet Order was issued to control the classification in order that intelligent comparison of statistics between Japan and other countries may be made. This order requires that all statistics should be based on the International Standard of Classification.

1951 - To-hatsu (Instruction from the Chief, Statistics and Research Division) No. 351, Reports Concerning Tuberculosis. In accordance with this instruction three types of manuals were prepared: (1) Numerical Report on Tuberculosis Cases, (2) Report on Health Examinations, and (3) Report on Prophylactic Vaccination.

1951 - To-hatsu No. 13, Report on Results of Prophylactic Vaccination. This instruction established the manual entitled, "Report on Results of Prophylactic Vaccination," which prescribed procedures for preparation of the report and responsibilities of prefectural governments, local governments, and health centers.

1951 - To-hatsu No. 2, Placement of Welfare Statistics Personnel. This instruction provided for: (1) The placement of persons responsible for welfare statistics in all prefectural governments and in the municipal offices of the six great cities, (2) the ceiling number of personnel to be employed in welfare statistics, (3) personnel expenses, and (4) miscellaneous personnel problems.

9 March 1951 - To-hatsu No. 140 revised that portion of the Monthly Hospital Report pertaining to the reporting of the number of hospitals at the beginning and at the end of each month.

20 March 1951 - The Tuberculosis Report form was revised.

31 March 1951 - Tuberculosis Control Law (Law No. 96).

20 July 1951 - To-hatsu No. 351 pertained to the details of the Quarterly Report on Examination for Tuberculosis as provided by Article

7 of the Regulation for the Enactment of the Tuberculosis Control Law, 12 June 1951. Also based on To-hatsu No. 351, a separate report concerning the results of prophylactic vaccination for tuberculosis was provided.

## Councils, Committees, and Sub-committees

### Health and Welfare Coordination Committee

As a part of the Statistics and Research Division, this committee is concerned with the following: (1) Matters related to renewal and revision of statistics, (2) liaison and coordination of statistics, (3) use of various statistical data, (4) coordination of compilation of various statistical publications, and (5) other important matters necessary in the fulfillment of the purpose of the committee. Three meetings of the committee were held during 1951 at which meetings many difficult problems were taken up, among the more important of which were: The Social Security Basic Survey; other planned statistical surveys and studies; revision of Ministry of Welfare Regular Report Forms; the Cabinet Order concerning the use of the uniform list of classification of diseases, injuries, and causes of death; Residents' Register System; and methods for handling statistical report forms to be used by the Ministry of Welfare.

### Council on Health and Welfare Statistics

This council is authorized to study and review the problems related to vital statistics, health statistics, social welfare statistics, child welfare statistics, and other statistical matters for which the Ministry of Welfare is responsible. Two meetings of the council were held during the year, in February and August. Four important problems were dealt with: (1) Establishment of the 17th Sub-committee on Cost of Living Survey; (2) the base population applicable to the analysis of vital statistics (it was decided to apply the provisional number estimated by the Statistics and Research Division as the base population); (3) basis for preparation of Life Tables (the 7th life table is to be prepared on the basis of the 1940 census after considerable discussion, because of its historical value; the 8th life table was prepared on the 1947 census as a basis; and the 9th life table will be prepared on the annual population basis); and (4) application of provisions of Article 20 of the Regulations for the Classification of Diseases and Causes of Death, World Health Organization.

### Sub-committees of the Council on Health and Welfare Statistics

The sixteen sub-committees continued to be exceptionally active during 1951, particularly No. 6 Sub-committee on Statistical Classification of Diseases, Injuries, and Causes of Death; No. 9 Sub-committee on Morbidity Statistics (on Communicable Diseases); No. 12 Sub-committee on Medical Care Statistics; and No. 13 Sub-committee on Sickness Surveys and Studies. Important work included efforts to improve the quality of the medical certificate of death; discussion of the problems of international classification of nephritis and hypertension; discussion of World Health Organization Regulations concerning classi-

fication of diseases and causes of death; establishment of a separate epidemiological case card for poliomyelitis and designation of poliomyelitis as a legal communicable disease; census of medical workers and planning of a medical care survey for the fiscal year 1951-52.

Analytical Services

During the period January to March plans for the National Medical Cost Survey and the Living Cost Survey were made. These surveys began in May and continued through the remainder of the year - results of these surveys will not be available until later in 1952. The abridged life tables for 1948 were completed and published, and the calculations for the abridged life tables for 1945, 1946, and 1950 were made. During July and August the sampling error for the National Survey was computed. Other work included appropriate advice on sample design, design of schedules, and analysis of results on various surveys planned by other bureaus or sections of the Ministry of Welfare.

Training Courses

In Health Statistics (eight weeks course)

This course is given at the Institute of Public Health for the benefit of personnel engaged in statistical work in health centers and in the health departments of prefectural governments. Three courses were completed during 1951 with 155 graduates, bringing the total number of persons who have received this training to 561.

In Health Statistics (one week, three-days courses)

Courses of one week and courses of three-days duration were held in each region of Japan from March to August 1951 for the benefit of health center and prefectural health department statistical technicians. This training was given to 231 persons during 1951.

In Social Welfare Statistics (one week course)

In order to improve social welfare statistical activities, social welfare statisticians were placed in each prefectural welfare department during 1951. In order to assist such personnel, a training course was planned and the first one was held in July 1951. Forty-eight persons received this training covering 14 topics pertaining to social welfare statistical procedures.

Lectures in Health Statistics in the Institute of Public Health

Lectures in health statistics were also given to persons in attendance at regular and refresher courses held by the Institute of Public Health for: Medical Health Officers, Public Health Nurses, Veterinarians, Statisticians, Nutritionists, Sanitarians, Sanitary Engineers, and Health Educators.

Lectures in Health Statistics in Universities and Colleges

Staff members of the department of public health in the majority

of the 44 faculties of medicine in universities and colleges present lectures in health statistics to the students.

Mechanical Tabulation Equipment

Shipment of 132 modern mechanical tabulating machines was completed in February 1951 and by April all necessary steps concerning the installation of these machines had been taken and mechanical tabulation of statistical material by the most modern methods began.

Publications

Regular Reports

Regular statistical reports now being published by the Statistics and Research Division, Ministry of Welfare, Japanese Government:

1. Weekly

| | | |
|---|---|---|
| Morbidity Weekly Reports | First published in July 1947 | Last report for the week ending 16 February 1952 (7th week) |

2. Monthly

| | First published | To be printed |
|---|---|---|
| Vital Statistics Schedule Report | Oct. 1946 | Nov. 1952 |
| Health and Welfare Statistics Report | Apr. 1947 | Oct. 1952 |
| Morbidity Numberical Report | Nov. 1948 | Oct. 1952 |
| Hospital Report | Jan. 1949 | Oct. 1952 |
| Social Welfare Statistics Report | Jan. 1951 | Sep. 1952 |
| Report of National Survey on Cost of Medical Care | May 1952 | Aug. 1952 |

3. Annual

Vital Statistics Annual Report

VS Annual Report for 1899-1943 was published by the Cabinet Bureau of Statistics (now Statistics Bureau); from 1944 published by the Statistics and Research Division, Ministry of Welfare. Last Report published was for 1949 (completed in December 1950).

Public Health Annual Report

1881-1946 - Published by Health Bureau, Home Ministry.
1945 and 1946 - Published by Statistics and Research Division, Ministry of Welfare.
Last report is for 1948, being printed.

4. Others

Life Tables

1st (1889-1898) -6th (1935-1936) were published by the Cabinet Bureau of Statistics.
8th Life Table was published by the Statistics and Research Division, Ministry of Welfare.
Last Life Table is for 1948, abridged, published.

## Irregular Publications

Irregular statistical publications published so far by the Statistics and Research Division, Ministry of Welfare:

Handbook of Health Statistics for Physicians (June 1949)

Mortality Statistics of Tuberculosis, 1947 (March 1949)

Manual of the International Statistical Classification of Diseases, Injuries, and Causes of Death (6th Revision of the International List of Diseases and Causes of Death adopted in Japan, 1950) (November 1950)

Manual of the Causes of Death Coding, 1950 (December 1950)

Statistical Data on Tuberculosis (March 1951)

A Brief Report on Public Health Administration in Japan (April 1951)

Outline of Public Welfare Administration - Statistical Report (October 1951)

Cost of Living Survey Report No. 1 - The Report of the Fundamental Studies on Social Security, 1950 (July 1951)

Summary of Medical Care Survey (January 1952)

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## Chapter 4

## MEDICAL CARE

### Hospitals

#### Number of Hospitals

The average number of hospitals in Japan totaled 3,577 in 1951, compared with 3,268 in 1950. Of this number, 395 were tuberculosis sanatoria, 141 mental hospitals, 13 leprosaria, and 3,028 other hospitals which include almost 100 infectious disease hospitals. The monthly average of hospitals increased from 3,434 in January 1951 to 3,764 in December. A similar monthly increase was noted in tuberculosis sanatoria, from 332 in January to 462 in December. Mental hospitals showed only a slight variation while general hospitals varied from 2,865 at the beginning of the year to 3,042 by its end. Leprosaria have remained constant for a number of years.

#### Total Patient Load

The daily average of both in- and out-patients was 580,655 for 1951, compared to 514,189 in 1950. The seasonal variation by months was evident in the total load, but steadily increased throughout the year in tuberculosis sanatoria. Mental and leprosy patients showed only a slight variation and averaged 20,152 and 9,245, respectively.

#### In-Patient Load

The average in-patient load increased greatly, from 194,198 in 1950 to 334,332 in 1951. The largest increase, as could be expected, was in tuberculosis patients. The average daily patient load in sanatoria was 80,415, compared to 60,000 in 1950. In addition to the patients in sanatoria 40,040 tuberculosis patients are now accomodated in general hospitals.

#### Bed Capacity

The bed capacity of all hospitals increased from 263,198 in 1950 to an average of 294,774 for 1951, with a maximum of 312,265 reached in the month of January 1952. As stated in the patient load, tuberculosis sanatoria beds increased from about 60,000 to an average of 75,717, reaching a peak of 83,775 in the month of December. Again, to that figure must be added the tuberculosis beds in general hospitals, which averaged 38,659 in 1951.

#### Bed Occupancy

Bed occupancy in the months of January and December of 1950 was 64.4% and 74.2% respectively, as compared to the same months in 1951, of 73.5% and 78.4%. A seasonal variation is always present, but the relative increases of the last few years definitely point to the fact that the Japanese people are much more eager now to enter hospitals

than at the beginning of the Occupation when a much smaller number of hospital beds were only 25% occupied. In fact, despite the tremendous increase in hospitals beds, particularly for tuberculosis, there now is a long waiting list of sanatoria applicants. A further substantial increase in this category of beds will be necessary to accomodate all the potential diagnosed cases who now and in the future will seek admission. Many factors have contributed to these conditions. Briefly they can be enumerated as follows: 1) Education of the public; 2) early diagnosis; 3) confidence in a cure by the new anti-biotics and surgery; and 4) the information available to the public of the decided decline in the death rate. Tuberculosis beds have an occupancy of between 98.3% to 103.6% in some hospitals.

Japanese hospitals as a whole have undergone changes for the better which, by oriental standards in the measure of time, are epoch making. As is well known, in a culture as old as Japan's time is measured in centuries rather than in years or even decades. However, in the space of six short years the hospitals have developed from family "flop-houses" into a semblance of hospitals, which can boast of patient nursing care, central feeding of a balanced diet, improved hospital administration and substantial improvement in sanitation. Social welfare work is also well established to guide the indigent and worried patients to more secure family protection from want of necessities in their absence. Better surgery with shorter periods of convalescence is now the rule rather than the exception. In Tokyo alone, 30 large hospitals have full-time "housekeepers" who supervise the general sanitation of the institutions. These women are of a high caliber, educationally and in intelligence, and are on the same employment status as the general business managers.

## General Hospital Considerations

The most progress is encountered in the group of national hospitals and sanatoria, followed by prefectural and foundation hospitals. The least susceptible to changes have been the small private institutions and the university hospitals. The national and prefectural hospitals during the Occupation years have received the greatest amount of guidance and supervision from Public Health and Welfare officials of SCAP, as well as stricter control from the Ministry of Welfare. The School of Hospital Administration, organized in 1948, helped teach the directors and business managers of many of the above institutions more coordinated and rational operation of hospitals. During 1951, 253 hospital directors and vice-directors attended courses at this school, also 43 medical inspectors and 50 business managers. These figures differ only slightly from those of 1950. The frequent visits to the different Regions of Japan by SCAP Public Health staff officers who devoted much time to lectures on administration as well as group inspections of institutions, with accompanying hospital directors, further contributed to the general improvement of hospitals.

Much less progress has been made in the improvement of university hospitals, which to a large extent, tended to remain aloof to innovations and improvements observed elsewhere. To bring this condition

to the attention of the agencies concerned at the end of 1950, PHW-SCAP was instrumental in organizing a University Hospital Improvement Council, with participating members of high-ranking officers from the Ministries of Education and Welfare, and deans of medical schools and directors of university hospitals. Although, theoretically, this group recognized the deficiencies of these hospitals and their failure to meet their responsibilities to the public, the medical profession and the new generations of doctors practically remained indifferent in their efforts to institute changes which they themselves formulated in a fine-sounding document. Tradition, sectionalism of individual departments, professorial prestige and ambition, budgetary requirements, all seem to remain formidable obstacles to the improvement of these institutions. It will, no doubt, take one or two generations of doctors, trained by Western methods through internships, scholarships, and residencies in Western hospitals, to recognize the folly of the present day management of Japanese university hospitals.

## New Projects

Various new projects are being initiated on a national level to improve technical knowledge as well as sanitation at national sanatoria. To mention a few which have been initiated in 1952: 1) A training course for intra-tracheal anesthesia. It was conducted in the Tokyo Sanatorium in March for forty doctors responsible for anesthesia in tuberculosis sanatoria. They came from all Japan. 2) A project for the study of the effects of isonicotinic acid hydrazide on tuberculosis patients was established. It began in May 1952 at as many sanatoria as the availability of the drug would permit. 3) A course of three days during April 1952 was conducted for the study of eradication of insects and rodents at sanatoria and leprosaria. Fifteen members from several institutions participated.

## Education

### Unitarian Mission of 1951

Very early in the Occupation, the inadequacy of Japanese medical teaching methods and curricula were recognized by PHW-SCAP. Many changes were brought about prior to 1951 through the various councils and laws and through a Unitarian Medical Mission in 1950. But to strengthen and improve the innovations previously instituted, a second Mission of twelve outstanding professors from various American universities was again recruited by the Unitarian Service Committee of New York and brought to Japan for a two months period.

Whereas the first Medical Mission devoted its time to lectures before professors in their own specialties in two "institutes" (one in Tokyo and one in Osaka), the Mission in 1951 had for its objective lectures and demonstrations before professors and as many students and assistants as could conveniently be reached. With this in view, the group was divided into four teams, composed of three professors each, who spent two weeks in each of four medical schools in four strategic regions of Japan on a rotating basis. Besides the professors and students of the host universities in a region, the Japanese professors

and students of neighboring schools were also invited to participate in the courses and clinics given by the American professors in their respective specialties. In this way, all forty-six medical schools had an opportunity to benefit from the information and teachings of this Mission.

These educators were enthusiastically received and made many personal friends while in Japan. From this association, several fellowships for Japanese doctors have resulted and several more are in prospect.

Upon their return to the United States, this group wrote a very comprehensive "Report" of their observations and made many valuable recommendations to the Japanese medical profession. PHW-SCAP promptly transmitted many copies of this report to Japanese officials for distribution to all medical schools, prefectural health departments, and other interested individuals. The report was translated into Japanese and the distribution is still in progress.

It is not possible at this writing to properly evaluate the reaction to the report but it contained specifically most of the same recommendations that PHW-SCAP had made over the years of the Occupation. It is hoped that many of these suggestions reiterated by the educators will now find more fertile soil for their incorporation into Japanese medical practices.

During 1951, an aggregate of 14 individuals were sent to the United States through Medical Services Branch. Among them were six national leaders for various projects, six physicians for fellowships, one nurse, and one dentist. Three more physicians for various residencies are being processed for departure to the States at an early date.

Inasmuch as internships became mandatory in 1948 as a requirement for admission to the National Medical Examination, hundreds of graduates are now assigned to large hospitals in Japan. However, since the doctors responsible for the guidance of intern training have themselves never experienced internships it is quite understandable that they are in poor position to contribute to the technical and administrative knowledge of young doctors. It is also a fact that interns spend a great deal of their time in preparing for the National Examination.

With this in view, an attempt was made by PHW-SCAP to interest the American armed services hospitals in Japan to admit a small number of selected Japanese graduates to their hospitals for internships. In this endeavor, PHW-SCAP was successful and by January 1952 twenty-four young doctors were admitted to 11 American hospitals. On 1 April 1952, a new group of interns entered sixteen American hospitals in all three branches of the service. At the present, about 54 doctors are pursuing a year of supervised rotating internships. If during the next few years this practice of training selected interns in American hospitals is continued, there will be created a nucleus of Japanese doctors who not only will be trained in better techniques than their own hospitals can provide, but will also be exposed to good hospital adminis-

tration which eventually will lead them to a better understanding of the deficiencies of their own hospitals. Commanding officers and the Japanese interns, both, are very well pleased with the current experiment.

Laws

During the year, two laws were amended and another is in the process of revision.

On 24 June 1951, a law was enacted partially amending the Medical Practitioners Law, the Dental Practitioners Law, and the Pharmaceutical Affairs Law. A study was undertaken by a temporary committee from the Japan Medical Association to study and make recommendations concerning medical care fees. There was a similar committee appointed from the pharmaceutical affairs group to study their interest in fees. The setting up of these committees was for the purpose of finding a way to separate medical and pharmaceutical practice. Prior to this amendment, doctors did (and still do) most of the dispensing of medicines and the basis of their charges to the patient is not the consultation resulting in a diagnosis and prescribed treatment, but cost of the medicine. By the provisions of this amendment, the medical or dental practitioner is required to issue a prescription as a matter of routine for his medical and dental services, which the patient then takes to the pharmacist for compounding. There are exceptions, such as injections, special requests by the patient, or if the practitioner is in a rural area where no pharmacies are available.

This amendment is not to become effective until 1 January 1955 in consideration of the need for further study of an adequate medical care fee system and the education of the public to recognize the importance of separating medical and pharmaceutical practices. This law was severely contested by the medical practitioners and, in its final form, leaves certain loopholes for non-adherence.

The second proposed amendment refers to the timing of the National Medical Examination which at present provides that a year's internship must be completed prior to admission to this Examination.

As mentioned in the paragraph on "Internships", most interns spend a great part of their time preparing for the National Examination.

It was felt by PHW-SCAP, and concurred in by the Ministry of Welfare, that it would be better to divide the examination in two parts, so that the theoretical and basic subjects should be taken immediately upon graduation with the clinical examination to follow completion of internship. In principle these recommendations have been accepted by the officials but many details remain to be worked out before presentation of this bill to the Diet or the adoption of a Ministerial resolution. At this writing, the proposed bill reads as follows:

1. Examinations will be given in two parts.

2. The first examination will be given before the beginning of the internship, and will consist of theoretical examination in clinical medicine, excepting the basic sciences.

3. The second examination will be a clinical examination given after the completion of internship. One must pass the first examination before being admitted to the second examination.

4. When the second examination has been passed successfully, a license for the practice of medicine will be granted.

5. The theoretical examination will be given once a year, in the early part of April. The clinical examination will be given twice a year, in spring and in autumn.

6. The effective date of the foregoing procedure for the National Medical Examination is to be April 1954.

The decision for the abovementioned plan will be finalized in mid-July 1952 when the examining subcommittee of the Council for Examination of Physicians will meet to study results of the Twelfth National Examination and to consider the above proposals.

The third law to be amended is that part of the Medical Service Law which prohibited the accomodation of patients in hospitals under twenty beds longer than 48 hours, except in cases where transfer would be detrimental to the patient. This law was enacted in 1948 and was to become operative on November 12, 1951 with a provision for an extension of two more years in remote rural communities where facilities were inadequate. According to this law directors of small hospitals had three years in which to convert their substandard, small "hospitals" into more adequate facilities compatible with modern medical care. When the time for the enactment of this provision approached, a great clamor was raised by the owners of these so-called "hospitals" and, after much discussion, the law was amended to extend this provision three more years, or to 1954. However, the amendment requests that an effort should be made by the directors or owners concerned not to accomodate patients longer than 48 hours in a less than 20 bed hospital, if at all possible.

Leprosy Project

Early in December 1951, Dr. James A. Doull and Dr. Lucius F. Badger, of the United States Public Health Service (USPHS), both now on duty with the Leonard Wood Memorial Foundation, arrived in Japan. Their mission was to discuss and, if possible, to initiate the first research project for the rational treatment of leprosy. After a world tour by the above named individuals, similar projects were to start in Cebu, Philippine Islands, and at Pretoria in the Union of South Africa, under the joint auspices of the Leonard Wood Memorial Foundation and USPHS.

Conferences were held with officials of the Ministry of Welfare and staff members of PHW-SCAP, and the modus operandi of the proposed project outlined. While awaiting the decision of the Japanese Govern-

ment to agree to the project, the two leprologists undertook trips to various leprosaria and finally selected the two institutions, Aisei-En and Komyo-En, on Nagashima Island, Okayama Prefecture, as the most suitable as to size, facilities, and technical staff, to carry on this project.

In brief, the outline of the project is as follows:

1. A group of 360 patients meeting certain specified requirements, such as age, type of leprosy, sex, etc., were to be selected and subdivided into six groups of sixty each.

2. Each selected patient is to undergo a complete physical examination, including smears, biopsies, blood studies, photographing by regions and individual lesions in black and white and in color, supplemented by a comprehensive history.

3. Two Japanese consultants selected and appointed by the American leprologists are to check these examinations as to classification and "degree" of symptoms as outlined in the "Manual for Collaborating Investigators".

4. Each of the six groups of patients is to receive one type of medication, some single drugs and some combinations, such as a sulfone with dihydro-streptomycin sulfate. The treatment period of this series is to be 32 weeks.

5. Prior to the commencement of treatment, all patients must have had a period of complete rest for one month from all treatment which they might have been undergoing before.

6. After the start of the treatment periodic examinations with progress reports are to be conducted at four week intervals by the resident leprologist.

7. At the sixteenth week period, besides the examination of the resident leprologist, the Japanese consultants would again check all patients of the six groups. However, in order not to influence their judgment, the consultants would not know which drugs the patients are receiving.

8. The division of the selected patients into six groups was to be carried out by Prof. Cochran, of John Hopkins University. Also, biopsy specimens are to be sent to the United States for study. Copies of all reports, histories, and laboratory findings are to be forwarded to the Medical Director for this study, at 1832 M Street, N. W., Washington 6, D. C.

9. Expenses for the project will mostly be borne by Leonard Wood Memorial Foundation with additional grants from USPHS. The Japanese Government allocated a grant of ¥500,000 for incidental expendable supplies.

After many complications and false starts the "Project" finally got underway on 14 April 1952 with 345 patients in both institutions. At this writing the project seems to be progressing satisfactorily.

Also, a small pilot study of 12 patients, with identical preparations as the main project, is to be undertaken with the new isonicotinic acid hydrazide preparation.

During the month of September 1952, a leprologist conference of an international character is to take place in Tokyo and on Nagashima Island, the sites of the two leprosaria where the Leonard Wood Foundation project is in operation. Participants in this conference will be the staff leprologists from the projects in the Union of South Africa, the Philippine Islands, and the co-workers from the United States, all Japanese leprologists connected with the project and the assigned consultants. It is anticipated that at the time of this conference a second, more comprehensive project might be outlined, since it is the object of the Leonard Wood Foundation to continue this research in the rational treatment of leprosy for a period of two years.

Blood Bank

In May of 1949, the Chief of PHW-SCAP, with the cooperation of the Minister of Welfare and the Japanese Medical Association, held a meeting to discuss the possibility of establishing a blood bank in Japan. It was decided by those assembled that the Japanese Red Cross Society should act as the center of blood bank activities, and that the Tokyo Red Cross Hospital should be the site of the first installation. It was also determined that the American Red Cross is willing to underwrite the expenses for training blood bank technicians as well as the financing of the equipment for the first installation.

On 10 April 1952, the grand opening exercises of the first Blood Bank of Japan took place. It is located in a completely remodeled and improved wing of the Tokyo Red Cross Hospital and boasts the finest American equipment, including three automobiles specially built for use as mobile blood banks and for the transportation of blood to outlying districts. This is the first time in the history of Japan when donors are not paid for their contribution of blood and the recipients are likewise not charged. The operating expenses of this blood bank are expected to amount to about ¥15,000,000 annually and this is to be provided by the Japanese Postal Service authorities through the sale of New Year's postal cards.

Dental Affairs

One dental school at Osaka was added to the six existing ones, increasing the student body from 2,392 to 2,493. Pre-dental courses unfortunately have been left in dental schools instead of making it optional for students to receive their preliminary education at any accredited university. This amendment was incorporated into the Dental Law because of economic difficulties of dental schools.

The visit of the American Dental Mission, composed of five outstanding members of the American Dental Association, did much to stimulate the Japanese dentists to higher professional standards. The lectures delivered and moving pictures shown aroused enthusiasm for better practices and safer, more practical materials. A fair amount of American dental materials were left by the Mission and Japanese manufacturers are attempting to improve their products by studying American standards. The American Dental Mission also left 10 dental films for the Japanese Dental Association, and these films were shown in fourteen locations in Japan to hundreds of dentists for their education and guidance. The "Report" of the American Dental Mission was translated into the Japanese language and widely distributed. As a result of suggestions contained in this report, some articles in the Dental Association's constitution and by-laws will be amended. Also, prophylactic dental hygiene of school children has been greatly stimulated, as this weakness was pointed out by the Mission.

National examinations for dentists were conducted twice during the year with satisfactory results in 85% of the cases, compared to 78% in 1950.

Dental hygienists training schools were increased by two over last year, with a total of 108 students compared to 64 in 1950. During the same period, 34 dental hygienist leaders were trained in various parts of Japan.

At the Public Health Institute, a short course for prefectural dental affairs personnel was given to 74 individuals.

A total of 12,000 persons received the benefit of water fluoridation in the Kyoto area. The project is still in the experimental stage, and in 313 towns and villages where "mottled" teeth are the rule the water is being tested for over-fluoridation. Almost one million yen has been allocated for research on this problem. Also, ¥400,000 has been budgeted for the study and improvement of dental materials.

A total of 24,920,830 insured individuals and their dependents received some kind of dental examination or treatment during the year.

Since the Dental Mission's visit to Japan, a technical committee has been organized for standardization of dental materials. So far, only eight dental products are now in the process of manufacture according to American specifications but the work is continuing. The amount of imported materials still remains very high.

## Chapter 5

## NURSING ACTIVITIES

### Nursing Education

In 1950 there were 99 Class A training schools and 57 Class B, while in 1951 only 17 Class A were added as compared to 75 Class B schools additional. The inability to raise more hospitals to the higher level for better training schools became apparent early in 1951 and has continued ever since.

There were 15 refresher courses given for tuberculosis nurses with a student attendance of 675. This became necessary since tuberculosis sanatoria do not meet the requirements of the Nursing Law to establish accredited training schools.

One hundred and six selected midwives, clinical nurses, and public health nurses received advanced refresher courses to enable them to assume the position of instructors in the various training schools.

A refresher course of three months' duration for supervising or head nurses was held in eight regions of the country for 458 individuals.

A five months refresher course for public health nurses at the prefectural level was given in all but two prefectures. The total number of nurses participating in the latter program is as yet not fully established, but from the reports so far received it seems that the number will exceed those of last year (1295).

The third National Examination, conducted 23 April 1952, had 1477 applicants. The results are as yet not announced.

### The Nursing Law

This law was amended to do away with the designation of Class A and B nurses who now become instead "nurse" and "assistant nurse". In this process of revision the standards of the A and B nurses have been lowered in respect to admission requirements, length of training, and licensure by National Examination. It was also conceded that nurses who have been in practice for 13 years do not need to take an examination, but are automatically licensed. This amendment is to remain in force until 21 March 1954. The National Examination for nurses is only a requirement of the new graduates from a "nurse" training school, while "assistant nurses" are licensed by the individual prefectures.

It has long been recognized by the Ministry of Welfare that to obtain the necessary nurses for tuberculosis sanatoria, leprosaria, and mental institutions is a difficult problem. Nurses graduating from general hospitals do not care to work in the above named institutions. It invariably prevents them later from being accepted in general hospitals, and also carries with it the danger of exposure to tuberculosis

and/or leprosy. The above mentioned change in the Nursing Law was largely prompted by these considerations. To alleviate the shortages in these institutions the Ministry of Welfare on 1 April 1952 set up the following numbers of "assistant nurses" training schools: In tuberculosis sanatoria - 25; leprosaria - five; and mental hospitals - one.

In spite of the lowering of nursing training requirements during 1951, nursing as a profession rendering bedside care to patients has become a reality in the majority of hospitals. Although the family attendant still exists in some hospitals and for some patients, it is no longer the rule, as in the past, but rather an exception. Directors and doctors in general have in most cases come to recognize the nurse as an integral part of the hospital set-up, with responsibilities to the patient first, rather than as a personal servant to the doctors, as heretofore. Much still remains to be done about the position of the nurse in a hospital, but the progress achieved during the last six years in elevating her professional status and in educating her in modern nursing methods seems unlikely ever to revert to the servitude of a pre-Occupation era. The public health nurse, too, has become recognized as an integral friend and helper in a community to whom stricken patients and families turn for advice and guidance. She is no longer afraid to appear in her uniform with her professional bag and knock at the doors of houses where help is needed, as was the case in 1947, when public health nursing for the community was first established.

Midwives, too, are rendering better care to expectant mothers at the time of delivery because of better education and the required prenatal and postnatal care at health centers where serious illnesses, such as tuberculosis and syphilis, are diagnosed and referred for proper treatment and where abnormal gestation conditions are recognized. The midwife has been brought in closer contact with the medical profession and thus is of greater help in case of complications in the parturient mother.

## Chapter 6

## VETERINARY AFFAIRS

### Abolishment of Veterinary Affairs Division

Since the abolishment of the Veterinary Affairs Division of the Public Health and Welfare Section, General Headquarters, Supreme Commander for the Allied Powers in June of 1951, many of the projects as visualized, in part, by the Veterinary Affairs Division were carried on and, in many cases, expanded by the Ministry of Agriculture and Forestry, by officials concerned in the Ministry of Welfare, and by other organizations and associations interested in the progress and development of veterinary affairs in Japan.

### The Japan Veterinary Medical Association

In addition to the annual convention of the Association, meetings of veterinarians were held in six districts of Japan during the year: Kyushu, Chugoku, Kinki, Kanto, Tohoku, and Hokkaido. At these meetings members of the Association presented interesting and valuable papers followed by spirited discussions and debates. Subjects included recent advances in bovine tuberculosis, bovine puerperal diseases, diseases of horses, hog cholera, and canine diseases. Results of pertinent research projects in the field of veterinary science were reported upon. Important proposed legislative changes in the Rabies Prevention Law and provisions of the new Domestic Animal Registration Law were discussed. At the Gifu conference on 3 - 4 November the first meeting of the Academy of Japanese Clinical Veterinary Science was held. Also, a ceremony was held to honor those veterinarians who have made outstanding contributions in the veterinary field during the past fifty years.

### Veterinary Schools and Education

Although one additional veterinary college was approved in 1951 under the new university system, the total number of fourteen approved universities remained the same, as in 1952 the Veterinary Department of Utsunomiya University was closed.

During 1951 a total of 1,980 students were registered in the new system universities; 87 in the old-system universities (Tokyo and Hokkaido) with 42 graduates; and 617 in post-graduate courses of old-system higher technical schools with 616 graduates.

One six-months course with 17 graduates and two two-months courses with 93 graduates were conducted at the Institute of Public Health in Tokyo for Public Health Veterinarians. Various short courses for over 500 technical personnel were also conducted by the National Live-Stock Hygienic Laboratory and its branches.

## Animal Disease Control

The status of animal disease control in Japan as a whole indicates that considerable progress was made during 1951 with no great outbreaks of disease reported with the exception of white diarrhea of chickens (96,446 cases), the continued but drastically reduced incidence of influenza of cattle (46,914 cases), and the presence of Newcastle Disease in the Kanto (19,536 cases), Kinki (1,892 cases), and Chugoku (1,119 cases) regions of the country.

The new Domestic Animal Infectious Disease Prevention Law was promulgated and became effective as of 1 June 1951, which aided the program immeasurably.

In order to complete and strengthan quarantine facilities and to prevent the introduction of infectious diseases of animals, administration of animal quarantine was separated from plant quarantine and a new Animal Quarantine Section was established within the Ministry of Agriculture and Forestry with the main Animal Quarantine Station located at Yokohama and branches in Nagoya, Kobe, and Moji and agencies in Hakodate, Haneda Air Base (Tokyo), Tsuruga, Osaka, and Nagasaki.

Immunization programs against certain of the infectious diseases of animals were conducted as follows:

| | No. of Immunizations performed |
|---|---|
| Influenza of cattle - | 413,681 |
| Swine cholera - | 299,123 |
| Encephalitis of horses - | 432,967 |
| Newcastle Disease - | 731,979 |

Investigations on equine anemia were conducted in Hokkaido and Aomori in the first year of a planned five year study program. During 1951 a total of 453,491 horses were examined, of which 8,366 were found to be diseased, and of these latter animals 8,243 were destroyed. Investigations concerning bovine tuberculosis were also conducted during the year. A total of 294,966 cattle were examined, of which 1,040 were positive, and of these 1,002 were destroyed. Since January 1952, a bovine disease of unknown origin has been reported from various places in Japan. An investigation of this disease is now under way. Special, detailed studies in addition to the above were also conducted on bovine tuberculosis, infectious abortion of horses, influenza of cattle, and Q-Fever of cattle and goats. Reports of these latter studies have not as yet been completed.

## Animal Health Centers

The goal of 500 animal health centers as originally planned was surpassed with the establishment of 16 new health centers, bringing the total to 516 by the end of March 1952, which considerably augments and strengthens the entire program.

## Animal Pharmaceutical Affairs

During the year concerted efforts were made towards the improvement of drugs, biologicals, and antibiotics for use in the animal infectious disease control program. In accordance with a ministerial ordinance issued by the Ministry of Agriculture and Forestry, minimum standards were revised, amended, or newly established with particular attention being paid to the vaccines against rabies, hog cholera, bovine influenza, and Newcastle Disease.

In line with the expanding veterinary program the National Assay Institute of the Ministry of Agriculture and Forestry was enlarged and facilities expanded. National assay work conducted resulted in the approval of 2,268 liters of serum (3% failure), 37,412 liters of various vaccines (6% failure), and 106 liters of special diagnostic solutions (4% failure).

Manufacture of biologicals and antibiotics gained impetus with establishment of four new research-manufacturing institutions. In addition to local consumption of such products, quantities of hog cholera vaccine, swine erysipelas vaccine, tetanus vaccine, and others totaling 584 liters were exported to Okinawa. Imports of some 153 liters of distemper serum and other antibiotics and certain vitamin preparations helpful to Japanese live-stock breeders were made. Research for improvement of various biological and antibiotic preparations continue and search for new and more effective materials never ends.

## Veterinary Research

In addition to the main laboratory of the National Live Stock Hygienic Laboratory and the four branch laboratories located in Hokkaido, Tohoku, Shikoku, and Kyushu regions, a new functioning branch was established in Arakawa-mura in Niigata prefecture. In April of 1952, the Araho Rinderpest Serum Factory was transferred to government operation as another branch laboratory of the National Live Stock Hygienic Laboratory. The program of research and investigation as conducted in 1950 was continued and expanded to include the new problems which developed during 1951.

## Food Sanitation

General sanitation practices for handling of food, meat, milk, and seafood continued to show gradual improvement. Necessary legislation in support of the Food Sanitation Law was enacted by the Ministry of Welfare.

A great deal of interest was developed in the problem of control of pollution of shellfish in the light of anticipated exports from Japan to various countries of the world, particularly to the United States. The Ministry of Welfare and Japanese shellfish producers have cooperatively taken initial steps to effect sound research and investigation on methods of pollution control at the source, i.e., the shellfish beds. Other problems concerning cleansing, handling in

preparation for shipment, and shipping procedures of shellfish are also being studied. Pertinent legislation on the subject is also one of the prime considerations of the Ministry of Welfare.

The food establishment grading program, after a trial in 1950 and 1951, was abolished as such in early 1952 in favor of a new system which retains the former uniform inspection scoring system but eliminates the actual grading procedures (Grades A, B, C, and D). Each shop will undergo compulsory inspection and will be scored by the food inspector. Results of this inspection, plus the results of an unannounced visit to each shop with a rating of 90 or above by members of a local five-man committee in each health center district, will determine whether or not a food handling shop is qualified for the "Excellent Sanitary Shop" award. The shop or shops so qualified will be presented with a placard to that effect for display in the shop window if the shop owner desires to do so. The display of the placard is not compulsory.

TABLE 10. - INFECTIOUS DISEASES OF ANIMALS: JAPAN, 1951 *

| Disease | REGION ** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | HOKKAIDO | TOHOKU | KANTO-SHINETSU | TOKAI-HOKURIKU | KINKI | CHUGOKU | SHIKOKU | KYUSHU | Total |
| Anthrax | 0 | 0 | 4 | 4 | 2 | 0 | 0 | 3 | 13 |
| Swine erysipelas | 7 | 66 | 303 | 67 | 19 | 13 | 2 | 34 | 511 |
| Swine cholera | 280 | 315 | 152 | 126 | 46 | 1,394 | 0 | 43 | 2,356 |
| Swine plague | 0 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 5 |
| Paratyphus of swine | 0 | 3 | 12 | 0 | 0 | 0 | 0 | 0 | 15 |
| Scabies of horse, sheep, goat | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Infectious anemia of horse | 4,752 | 3,071 | 249 | 52 | 46 | 28 | 40 | 128 | 8,366 |
| Infectious abortion of horse | 426 | 53 | 0 | 1 | 0 | 0 | 0 | 0 | 480 |
| Enzootic encephalitis of horse | 0 | 26 | 220 | 3 | 0 | 2 | 6 | 10 | 267 |
| Strangles | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Brucellosis | 0 | 1 | 10 | 0 | 1 | 6 | 0 | 1 | 19 |
| Texas fever | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 15 | 17 |
| Influenza of cattle | 0 | 0 | 20,801 | 8,770 | 4,092 | 10,555 | 820 | 1,876 | 46,914 |
| Infectious abortion of cattle *** | 7 | 3 | 3 | 0 | 19 | 16 | 0 | 119 | 167 |
| Cattle tuberculosis *** | 1 | 5 | 33 | 83 | 75 | 30 | 4 | 7 | 238 |
| Rabies | 0 | 0 | 13 | 0 | 4 | 0 | 0 | 0 | 17 |
| Black leg | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 2 |
| White diarrhea of chickens | 8,921 | 5,482 | 24,090 | 25,734 | 6,818 | 8,795 | 5,678 | 10,928 | 96,446 |
| Newcastle disease | 0 | 0 | 19,536 | 0 | 1,982** | 1,119 | 0 | 0 | 22,547 |

See footnotes on following page

TABLE 10. - INFECTIOUS DISEASES OF ANIMALS: JAPAN, 1951, Cont'd

FOOTNOTES:

* Provisional figures.
** Regions include prefectures, as follows:
Hokkaido: Hokkaido
Tohoku: Aomori, Iwate, Miyagi, Akita, Yamagata, Fukushima
Kanto-Shinetsu: Yamanashi, Nagano, Ibaraki, Tochigi, Gumma, Saitama, Chiba, Tokyo, Kanagawa, Niigata
Tokai-Hokuriku: Toyama, Ishikawa, Gifu, Shizuoka, Aichi, Mie
Kinki: Fukui, Shiga, Kyoto, Osaka, Hyogo, Nara, Wakayama
Chugoku: Tottori, Shimane, Okayama, Hiroshima, Yamaguchi
Shikoku: Tokushima, Kagawa, Ehime, Kochi
Kyushu: Fukuoka, Saga, Oita, Nagasaki, Kumamoto, Miyazaki, Kagoshima
*** January 1951 to April 1952 reports.

# Chapter 7

## WELFARE

### Accomplishments

This final report on welfare activities for the period 1 January 1951 through 28 April 1952 has been written, to an extent, as a cumulative report covering the period of the Occupation of Japan.

To be less than very enthusiastic about the accomplishments of the Japanese in the public and private welfare fields during this period would belie the facts and belittle the very great efforts put forth by, for the most part, untrained, unqualified (in social work) officials on all levels of government.

Prior to the end of the war, public programs were limited to a few categorical approaches, very narrow in scope, and with limited funds. Today, there is a public assistance program based on the need of the individual supplying funds for living expenses, including education, and providing medical and other care from before birth to after death. The program is operated by technically qualified, full-time, paid staff and is supervised by alert field supervisory personnel from both central and prefectural governments. There is a complete child welfare program embodied within the Child Welfare Law and carried out under the direction of a Children's Bureau. There is a developing program for handicapped persons. There is a Disaster Relief Law which spreads fiscal responsibility and makes disaster relief an immediate concern of both public and private agencies.

The Red Cross has been divorced from its wartime role as the medical service of the Army and has assumed an even more important part in Japanese life than it held in pre-war years. Private agencies and institutions, almost at point of collapse at war's end, are thriving and are slowly able to rebuild. The status of social work and social workers has increased immeasurably in the eyes of the public, and, as important, perhaps, in the minds of social workers. The establishment of social workers (6,000) in the public welfare programs, the establishment of social work schools, and the in-service training courses for Social Welfare Secretaries have profoundly affected the standards of private as well as public agencies.

The total effect has been revolutionary, and yet the revolution has been a painless, much needed, much desired one -- and one which must have come soon by one means or another in a country as literate, as highly developed industrially, and as well developed governmentally as is Japan.

Sharing credit with the Japanese public welfare officials and social workers in the private fields in Japan are the many highly qualified American social workers who have acted as Welfare Advisors on the supervisory level as well as in PHW-SCAP. These accomplishments stand as a direct result of the type of leadership offered by all of them.

## Public Assistance

The public assistance program under the Daily Life Security Law showed little change during the year in terms of persons assisted (see following table). The case load appears to have become stabilized at slightly less than two million persons for outdoor assistance but shows a slow but steady increase for indoor assistance. The increase is accounted for in institutions providing medical care. The total cost of the program continues to increase -- generally reflecting an increase in medical care cases and increasing medical care costs, but also as the result of an increase in individual public assistance grants.

Public Assistance Report* - 1951

| | In Institutions (Does not include children) | Not in Institutions | Total Cost Cash and Kind** |
|---|---|---|---|
| January | 88,209 | 1,898,651 | ¥1,124,296,652 |
| February | 95,811 | 1,905,748 | 1,243,321,480 |
| March | 102,474 | 1,940,414 | 1,413,746,762 |
| April | 98,730 | 1,926,923 | 1,202,381,578 |
| May | 102,389 | 1,933,271 | 1,270,763,577 |
| June | 105,179 | 1,941,458 | 1,312,135,957 |
| July | 107,739 | 1,937,970 | 1,414,223,359 |
| August | 109,784 | 1,936,230 | 1,354,656,638 |
| September | 110,742 | 1,947,869 | 1,607,049,007 |
| October | 112,267 | 1,925,644 | 1,337,776,201 |
| November | 114,648 | 1,917,270 | 1,512,228,932 |
| December | 116,681 | 1,918,465 | 1,676,337,774 |

January - April 1952 Figures Not Available.

NOTE: *See Previous Annual Summaries for Similar Statistics.

**For Persons Not in Institutions.

## Statistical Reporting Progress

Beginning in January 1951, a new statistical reporting system became effective for public assistance, child welfare, and related programs. The new system for the first time provides the Ministry of Welfare adequate information concerning recipients of public welfare. The report now provides such information as to whether the case head is or is not a member of the labor force; whether he is self-employed, a day-laborer, a home industry worker; is over sixty (60); physically handicapped; a recipient due to injury or illness; and other pertinent information. Case closings are also analyzed.

Beginning in May 1951, an additional survey service was added to the Monthly Statistical Report prepared by the Ministry of Welfare. The report is the result of a Cost of Living Survey being conducted under the supervision of the Ministry "for the purpose of obtaining fundamental data descriptive of the status of the lives of the people, the distribution of income, causes of poverty, etc., in various parts

of the nation and in different classes of the people." The report gives minute detail as to income and expenditure within the families surveyed, and provides the Ministry of Welfare, the National Diet, and other agencies with valuable information.

Administrative Changes in the Public Welfare Program

The Social Welfare Service Law (29 March 1951) represents the final major legislative requirement in the social welfare field. The law is a replacement of, rather than an amendment to, the Social Works Law of 1938. Also incorporated within it is the Law for the Establishment of Social Welfare Secretaries (1950). Major provisions affecting public welfare administration are:

1. Establishment of a national Social Welfare Council "to investigate and deliberate on fundamental matters common to the entire field of social welfare services....."

2. Establishment of Welfare Offices within Welfare Districts for administration of programs under the Social Welfare Service Law, the Daily Life Security Law, the Law for the Welfare of Disabled Persons, and the Child Welfare Law.

3. Establishment of qualifications of Social Welfare Secretaries (social workers) and others who will staff the District Welfare Offices and provide the services therein, and provision for size of staff based on caseload.

4. Establishment of statutory provision for guidance, supervision, and training by the nation over prefectures, cities, towns, and villages, and by prefectures over lower levels of government (field supervision).

The establishment of Welfare Districts throughout the nation and provision for the use of qualified, trained Social Welfare Secretaries in the public welfare programs represents the culmination of several years of study of the problems inherent in the former system, which left administration of a highly technical and progressive public welfare program in the hands of town and village mayors and largely carried out by volunteer welfare committeemen. The Districts, as now set up, remove administration from the town and village level and place responsibility in the hands of technically qualified personnel in the District Offices. Directors of the Districts are technically responsible directly to the prefecture welfare department. In the middle size cities, the mayor continues his responsibility; however, the technical direction and supervision comes from the prefecture. In the five large cities, administration has been removed from the wards and welfare directors are responsible to the mayor. Tokyo, which has a greater degree of ward autonomy, is still undecided as to where responsibility should be placed; however, since wards have no responsibility for providing funds, it is likely that the city will assume responsibility for administration.

Provision for field supervision resulted in the establishment of a subsection for this purpose in the Ministry, with a staff of fifteen supervisors whose only responsibility will be in that field. Previously, this work has been carried on by the respective responsible sections, thus requiring absence of various staff members and consequent loss of section efficiency. The supervisory staff conducts administrative reviews, but emphasizes training and guidance aspects of their responsibilities. Ministry officials report excellent results from their work and complete satisfaction in the establishment of this type of administrative tool, which is completely foreign to traditional central government operation.

## Child Welfare

A major achievement in child welfare during the reporting period, and in the history of child welfare in Japan, was the promulgation of the Children's Charter on Children's Day, 5 May 1951. Compilation of the Charter was exceedingly well handled by the Children's Bureau, which encouraged discussion of and proposals for a Charter throughout the entire nation over a two year period. Final promulgation was made by a representative of the Prime Minister, and the final approved Charter resulted from study of all proposals by a group of nationally recognized workers in the children's field, chosen by the Education Ministry and the Attorney General's Office as well as the Ministry of Welfare. The promulgation ceremony was attended by this group and by many of the highest governmental and civil representatives. The following is a translation:

### Children's Charter

May 5, 1951

### Preamble

We, the people of Japan, in accordance with the spirit of the Constitution, do adopt this Charter to establish correct ideas toward children and thus bring about the well-being of all children.

### General Principles

Children shall be respected as human beings.

Children shall be given due regard as members of society.

Children shall be brought up in good environment.

### Text

1. All children shall be assured healthy minds and bodies and shall be guaranteed freedom from want.

2. All children shall be entitled to be brought up in their own homes with proper love, knowledge and skill. Those children not having homes shall be brought up in an environment having similar advantages.

3. All children shall be provided with adequate nourishment, housing, and clothing and shall be protected from disease and injury.

4. All children shall be educated in accordance with their individuality and capacity and so guided that they will honestly and independently discharge their responsibilities as members of society.

5. All children shall be so guided that they may love nature, respect science and art, and accept the virtues of morality.

6. All children shall be assured access to schooling and be provided with complete educational facilities.

7. All children shall be provided with opportunity to receive vocational guidance and training.

8. All children shall be fully protected from exploitation in labor that their mental and physical development shall not be retarded, their opportunities to receive education not be lost, and that their lives as children not be hampered.

9. All children shall be assured access to wholesome recreational and cultural resources and be protected from evil environments.

10. All children shall be protected from abuse, exploitation, neglect, and other harmful treatment. Children who have committed wrongful acts shall be provided with adequate protection and guidance.

11. All children who are mentally or physically handicapped shall be provided with appropriate medical care, education and protection.

12. All children shall be so guided that they may be united with one another in the spirit of love and sincerity and as good citizens devote themselves to the peace and culture of mankind.

. . . . . .

Five minor amendments to the Child Welfare Law have occurred during this reporting period. All indicate growing responsibility within the Children's Bureau and recognition of need for greater coordination of activities with other agencies in the field of child welfare.

The Bureau has been very active in studying, discussing, and promotional work with reference to two major problems: juvenile delinquency, and child selling -- a historic problem in the rice-poor areas of Japan. Continued progress in working out solutions is reported, and there is evidence of growing recognition of the problems as well as real evidence of concerted coordinated action on the part of the concerned governmental and civil agencies.

The maternal and child health program shows increasing activity during 1951. The Maternal and Child Health Sections of the Health Centers have provided advice, guidance, and medical assistance to

918,000 expectant and nursing mothers and have examined 1,111,000 infants and 524,000 pre-school children. Particular emphasis was given to these programs in those regions where infant mortality is high.

Amendments to the Child Welfare Law provided greater services to physically handicapped children, including provision of prosthetic appliances.

Statistical Presentation of the Program

The following statistics for December 1951 give an indication of the institutional child welfare problem in Japan:

| Type of Home | No. and Type of Institution | | Children in Homes |
|---|---|---|---|
| Lying-in Home | Public | 24 | 214 |
| | Private | 178 | 432 |
| Infant Home | Public | 29 | 441 |
| | Private | 84 | 1,712 |
| Mother's Home | *Public | 276 | 15,670 |
| | Private | 131 | 8,656 |
| Day Nursery | Public | 1,443 | 123,269 |
| | Private | 3,042 | 243,161 |
| Recreational | Public | 149 | Not |
| | Private | 55 | Available |
| Dependent Children | Public | 89 | 6,251 |
| | Private | 372 | 20,421 |
| Feeble Minded | Public | 18 | 610 |
| | Private | 22 | 1,274 |
| Sickly Children | Public | 7 | 222 |
| | Private | 6 | 367 |
| Crippled Children | Public | 2 | 82 |
| | Private | 1 | 79 |
| Blind Children | Public | 17 | 790 |
| | Private | 8 | 263 |
| Deaf and Dumb | Public | 13 | 1,410 |
| | Private | 12 | 496 |
| Juvenile Training | **Public | 50 | 4,049 |
| | Private | 7 | 384 |
| Foster Homes | | 9,471 | 6,619 |

NOTE: * Special homes for widows with children.

** Correctional homes for children under 14, who, by Japanese law, cannot commit crimes.

A high percentage of children in private institutions are supported by public funds on the basis of cost of care of the individual child.

Another important publicly supported child welfare service is performed in the Child Consultation and Placement Centers, where teams of physicians, psychiatrists or psychologists, and social workers do concentrated work on referred children and through which placement of children is generally accomplished. The following table indicates source of referrals in a typical month (December 1951):

| | No. of Children |
|---|---|
| Volunteer Children's Workers | 89 |
| Child Welfare Officials | 364 |
| Other Welfare Officials | 461 |
| Police or Prosecutors | 3,636 |
| Family Courts | 60 |
| Family or Relatives | 632 |
| Schools | 208 |
| Self | 70 |
| Child Welfare Institutions | 167 |
| Others | 248 |
| TOTAL | 5,935 |

No figures are available at present to illustrate the services provided for children in their own homes; however, with the advent of the full-time, paid, qualified welfare worker, it is known that this type of service is increasing rapidly.

Program for the Handicapped

Development of a program for the physically handicapped has continued at a slow but steady pace. Considerable enhancement of services on the local level became possible when the District Welfare Offices were made responsible for certain social welfare aspects of the program. An important corollary program has come into being with passage, 25 April 1952, of the Law for Relief to the Invalid and Surviving Parents of the War Dead (see Social Security section of this report for specific details).

Upon ratification of the Peace Treaty, Japan is expected to place more emphasis on veteran's aid programs. The experience gained under the Law for the Welfare of Disabled Persons will be helpful in planning future programs.

Social Work Training, Education, and Publications

The two schools of social work have continued their excellent one and two year courses. Since 1947, the schools have graduated 295 men and 78 women in the one year course, and 141 men and 31 women in the two year Junior College courses. In addition, there are 293 two year students and 82 one year students now enrolled.

Excellent contributions have been made by those persons who have had opportunity for foreign study or observation under the United Nations Fellowship program and under the Government and Relief in Occupied Areas (GARIOA) Fund which has sent various leaders in social welfare to the United States for training. There have been a total of 12 United Nations Fellows and 11 GARIOA observers to date.

The personal contribution that each has made by way of written reports and articles, and by way of greater effectiveness in his work, has been rewarding to the total program. Perhaps the greatest contribution, however, has been derived from the opportunity to survey the great strides in social welfare throughout the world that have occurred while Japan has been shut off from the international exchange of intelligence and to measure their own progress under the Occupation against the various types of programs in other countries. The results have been gratifying in that they return to their work with increased enthusiasm and greater assurance.

In recognition of the need for high qualifications for the Social Welfare Secretaries who were to replace the volunteer workers in the public welfare field, the Ministry of Welfare set minimum qualifications far higher than could be reasonably reached by persons who might be expected to apply for the jobs, but allowed for an extended qualification period which would enable desirable persons to qualify while on the job. The Ministry then set up a course of study in the social sciences, in case-work, and in related fields which in its estimation would provide a desirable amount of knowledge of the field and authorized prefectures and cities to organize their own programs and personnel. Teaching staffs have been secured from universities, colleges, the Ministry of Welfare, and from among other known leaders in the various fields. To date, 4,208 Social Welfare Secretaries have secured qualification in the 250-hour courses thus provided (plus two months of supervised field work).

Since 1947, 90 workers from the prefectural Juvenile Training Institutions have received one year training courses at the National Institution, and since 1948, 12,000 day nursery teachers and institution cottage mothers have been trained in 214-hour courses in various special schools throughout the nation.

The Ministry, or more particularly the Children's and the Social Affairs Bureaus, have also conducted continuous rounds of short courses on specific subjects or programs throughout the entire nation.

Closely allied to the accelerated activities in the training programs has been the increase in the amount of material published in

the social welfare field. Since 1947, when there was almost no material available, and particularly since 1 January 1951, there has been an amazing growth in the list of material available. At present, there are several hundred books, pamphlets, and periodicals available to the field. Of greatest import are those published or caused to be published by the Ministry in the public welfare field. These are generally pertinent to the job to be done by the workers and are considered to be operational manuals. A secondary factor in the importance of these publications has been their use in the Ryukyus and in Korea, where PHW-FEC and -UNC has official responsibilities. The publications are translations of material from other countries and also the product of local experience and thought, and range in subject matter from actual case studies to recreational programs for day nurseries. Independent observers state that the material is generally excellent.

Developments in the Field of Private Welfare

In addition to those sections having to do with public welfare administration, the Social Welfare Service Law is devoted to clarification of the status of public and private agencies and regulations concerning incorporation, and to clarification of governmental responsibilities for minimum supervision over their activities. For the purpose of integration and coordination of social welfare activities and for the purpose of fostering and protecting mutual interest, the law authorizes the establishment of Social Welfare Conferences among agencies in cities, towns, and villages and for federation on prefectural and national levels. The law defines the Community Chest and the Community Chest Committee and protects that organization from infringement of its prerogatives. It defines the responsibilities of the Chest, specifies that only private welfare agencies shall benefit from its fund raising activities, and prescribes that such agencies must be bona fide. It is further provided that "The Community Chest Committees or the Conferences may establish nation-wide federations in order to achieve mutual liaison and coordination of undertakings." There is also provision for certain tax exemptions and for operation of business enterprises in connection with welfare agencies.

As of 28 April 1952, after more than a year of operation under the law, private agency personnel report complete satisfaction with operation under its provisions. Responsible agencies report that standards are increasing and that independence in operation is maintained. It is generally believed that governmental supervision is sufficient to prevent abuses of the privilege of running business enterprises.

As a rather surprising result of the use of qualified, trained welfare workers in the public fields, private agency managers and personnel are recognizing the need for more adequately trained personnel in the private welfare field. Lack of training resources as well as relatively low salaries and agency financial resources make this a difficult problem to overcome; however, it is a matter of concern to Social Welfare Conferences, Community Chest Committees, and other agencies which are attempting to find a solution.

The Social Welfare Conferences authorized under the Law are taking an increasingly important position in local organization and planning. Organization of the Conferences on the town and village level has been given impetus by Community Chest policy which returns a portion of collected funds to the Conferences for local use. Heretofore, since there were no local qualified agencies, all Community Chest funds collected in towns and villages were expended elsewhere. At present, the funds are expended on local health and welfare projects, such as day nurseries, DDT spraying, or similar community health or welfare measures.

In the larger towns and cities, where there are established local agencies, the Conference works with the Community Chest Committee in screening applicants for funds, and is active in raising standards, providing opportunities for personnel training, and in securing community interest and understanding of social welfare needs.

Community Chest

The Community Chest has continued its successful yearly drives and has become a recognized and well-regarded national drive program which reaches into every town and village in Japan. National statistics indicate that the Chest now provides 30-40% of the funds expended by private welfare agencies, the balance being provided from public funds on the basis of contractual agreements or for the care of children, aged persons, or others in institutions.

Red Cross

The Japanese Red Cross, on its own in terms of PHW-SCAP surveillance since 30 June 1950, has continued to grow and to increase its services to the Japanese people. The Fund drives, successful each year, have made it possible for the Red Cross to emphasize its home services programs and take an increasingly important place in the disaster work under the Disaster Relief Law.

National Conference on Social Work

The National Conference, since 1947, has been an annual affair. Originally, the Conference was held every four years, and, more recently, every two years. The growth in breadth and scope of subject matter, and in active participation in discussions by those attending the Conferences, best exemplifies the increasing status of social work and social workers in Japan today. The three-day 1951 Conference, held in Tokyo in November, was attended by 2,800 persons. There were approximately forty separate groups discussing various subjects under the five following divisions:

1. Social welfare administrative organization.

2. Development of private social work.

3. Social work as a profession.

4. Administration of the Social Welfare Conference.

5. Development of the Social Security System.

The lively discussions and conferree participation during the 1951 Conference was in direct contrast to the "sit and listen" attitude which was characteristic of the 1947 meeting.

Foreign Agency Support

UNICEF - United Nations International Children's Emergency Fund: During this report period UNICEF has provided powdered milk in the amount of 3,005,619 lbs., which was used in daily feeding programs for 101,410 children a month in day nurseries, homes for dependent children, and others.

The Japanese government participated with UNICEF in a Korea and south east Asia relief program by donating the cost of processing $500,000 worth of raw cotton into finished cloth totalling approximately 32,000,000 yards.

At the invitation of UNICEF, the Japanese people, through the Community Chest, donated $10,000 to the UNICEF international relief program.

CARE - Cooperative Agencies for the Relief of Europe: During the period 1 January 1951 through 28 April 1952, 28,888 CARE packages valued at $300,000 were distributed in Japan.

Total operation since inception of the program in June 1948 has been 125,314 packages valued at approximately $1,229,000.

In addition to the usual CARE food and textile packages, technical books have been distributed to 49 universities during the total period. Also, 100 pharmacy books were distributed to medical schools and pharmaceutical institutions.

In 1951, CARE, with cooperation of United Nations Educational and Social Council (UNESCO), started a children's book program. To date, CARE has distributed 620 packages of these books to children's institutions throughout the country.

LARA - Licensed Agencies for Relief of Asia: The LARA organization, organized shortly after the beginning of the Occupation at the insistence of PHW-SCAP, has served with distinction and has faithfully carried out its purpose of serving as a single agency through which all donated foreign relief items must be received and allocated.

During the reporting period, LARA has received and distributed food, medical supplies, clothing, and other items in the amount of 4,773 tons and has distributed these items to national hospitals and sanatoria, leprosaria, schools, children's and other institutions, and to general needy people.

Shortly after the peace treaty, LARA will cease to exist, and the various agencies will return to individual operation.

## Chapter 8

## SOCIAL SECURITY

### Advisory Council on Social Security

The Advisory Council on Social Security published their second annual report on 20 October 1951. In large part, the recommendations contained therein restate the elements of the 1950 report with the addition of certain details developed through the Council's study and discussions in their regular monthly meetings. The report covers nine items, some of which received favorable action of the Diet in early 1952, as indicated elsewhere in this chapter. The topics dealt with are as follows:

1. Strengthening of liaison between the various agencies administering the several social security programs and greater coordination of the provisions of the programs as a step towards the recommended centralization of responsibility for coordination of administration in the interests of efficiency and economy.

2. Although many problems concerning pension provisions demand early attention in the development of a social security system, planning, with respect to social security in FY 1952-53, should give particular attention to the provisions for medical care. Cities, towns, and villages should be encouraged to assume responsibility for administration of the National Health Insurance program with both administrative costs and benefit expenses being subsidized from the national treasury. Similar subsidies, 100% of administration and 20% of benefits, should be granted the Health Insurance program.

3. Extensive studies should be conducted of the various medical care programs, their administrative features, the operations of the medical facilities and institutions, and the cost, quality, and production of medicine to the end that medical care in general for Japan may be of maximum benefit.

4. The operations of the Health Centers throughout Japan should be reviewed to assure that each Center has been developed in accordance with the specific needs of the area served. Public health associations of professional people and civic leaders should be formed on a regional basis to guide the Health Centers and coordinate their operations with the services provided by the community programs under National Health Insurance.

5. Methods for care of tubercular patients in the home, who represent almost 80% of Japan's tubercular persons, should be improved. Provisions under the several programs concerning tuberculosis should be further coordinated. The public should be better educated as to conditions relating to tuberculosis and preventive measures in connection therewith, and such information should not be in general terms on a national basis but should bring out particular features of local circumstances.

6. The Welfare Pension Insurance reserve fund, now on deposit in the amount of approximately ¥30 billion, should be made available for the welfare of insured people and for the improvement and expansion of social insurance facilities.

7. The recently established Welfare District Offices should be carefully developed in cooperation with the communities so that adequate standards may be maintained and that they may operate as truly democratic agencies rendering proper service to the public.

8. Studies of population problems should be conducted in the course of the development of the social security system.

9. The government should include in the budget for FY 1952-53 provision for assistance for persons disabled as a result of war activities and for surviving families of persons who died as a result of war.

International Relations

The Chief of the Insurance Bureau and a representative of the Liaison Section in July 1951 attended the tenth general meeting and the executive meeting of the International Social Security Association in Vienna as delegates of the Ministry of Welfare. In the course of their journey they also visited social insurance institutions in London and Paris. The Chief of the National Health Insurance Section made a three month visit to the United States in the summer of 1951. He consulted with a number of federal government officials in Washington and Baltimore and traveled to many American cities and towns of various sizes to acquaint himself with the operations of both public and private health and welfare agencies.

Insurance Bureau Budget for Fiscal Year 1952-53

The budget for the fiscal year beginning 1 April 1952 for government appropriated funds (exclusive of contributions to be paid by insured persons and their employers) to be applied to the four social insurance programs under the jurisdiction of the Insurance Bureau of the Ministry of Welfare amounts to ¥5,365,020,000, an increase of ¥1,301,767,000 over FY 1951-52 budget of ¥4,063,253,000. The breakdown of this total is as indicated in the following paragraphs.

Health Insurance, Government Managed

| | 1951-52 | 1952-53 |
|---|---|---|
| Administrative expenses | ¥380,711,000 | ¥574,200,000 |
| Tuberculosis beds | 210,742,000 | 76,683,000 |
| Totals | ¥591,453,000 | ¥650,883,000 |

In view of the financial condition of the government managed Health Insurance program and since new sources of funds, such as under the Tuberculosis Control Law, have become available for the care of

tubercular patients, it was decided to decrease the number of beds maintained for such patients under this program. On this basis, the number of tuberculosis beds will be decreased in FY 1952-53 from 4,000 beds to 950 under the government managed Health Insurance and 50 beds will be provided under Seamen's Insurance, the latter program having heretofore made no such special provision. The appropriated funds so allocated represent one-third of the cost of maintaining these beds.

The increase in administrative expenses is attributed to three factors: a) Increase in the average salary scale and general cost of materials; b) the decision to pay 100% of administrative costs from appropriated funds instead of, as before, 80% from appropriated funds and 20% from receipts of employer-employee contributions; and c) an increase in the FY 1952-53 over the FY 1951-52 estimated number of insured persons from 3,484,000 to 4,176,000. There were actually 3,971,000 employees insured under government managed Health Insurance by December 1951. It is estimated that the administrative expense per insured person will rise from ¥99.70 to ¥137.50. While the financial condition of this program was so critical in FY 1950-51 as to require a special subsidy, there was marked improvement in FY 1951-52 resulting in a surplus of approximately ¥450,000,000 over benefit costs. This is despite increased medical care rates and is considered to be due to the average increase in wages of insured persons and the decrease in the ratio of medical care costs to the total number of insured persons. In the estimates upon which the FY 1951-52 budget was based, it was considered that there would be an increase of 30% over FY 1950-51 in the number of medical care cases but FY 1951-52 averaged out to an increase of about 25%.

Health Insurance, Society Managed

| | 1951-52 | 1952-53 |
|---|---|---|
| Administrative expenses | ¥299,100,000 | ¥429,000,000 |
| Tuberculosis beds | 158,057,000 | 142,293,000 |
| Totals | ¥457,157,000 | ¥571,293,000 |

It is anticipated that the administrative expense per insured person will increase by the same amount as estimated for government managed Health Insurance, but the estimated number of insured persons is set at only 3,120,000 for FY 1952-53 against 3,000,000 for FY 1951-52. Actual coverage reported for December 1951 was 3,035,000. As in government managed Health Insurance, 100% of administrative expenses will be paid from appropriated funds as against 80% for FY 1951-52.

Society managed Health Insurance has been consistently in better financial condition than government managed Health Insurance and a greater proportion (two-thirds of the previous 3,000) of tuberculosis beds will continue to be maintained with appropriated funds being contributed in the same one-third proportion.

Seamen's Insurance

| | 1951-52 | 1952-53 |
|---|---|---|
| Administrative expenses | ¥ 43,570,000 | ¥ 50,777,000 |
| Benefit expenses | 221,504,000 | 214,740,000 |
| Tuberculosis beds | ----- | 2,863,000 |
| Totals | ¥265,074,000 | ¥268,380,000 |

Benefit costs under Seamen's Insurance are expected to decrease primarily because of an anticipated decrease in unemployment insurance benefits due to increased marine activity. Under Seamen's Insurance the National Government pays from appropriated funds 20% of the cost of long-term (invalidity, old-age, and survivors) benefits except those due to occupational causes (financed entirely from employers' contributions), and one-third of the cost of unemployment benefits. All administrative expenses, except that proportion which is considered to be devoted to the workmen's accident compensation features of Seamen's Insurance, are paid from appropriated funds. Coverage is estimated to increase to 140,330 as against the FY 1951-52 estimate of 139,000. Actual coverage reported in 1951 fluctuated from 129,000 in April up to 143,000 in October, and down to 138,000 in December. A revision of the Seamen's Insurance Law in March 1952 raised the ceiling on monthly wages to be considered in assessing contributions and computing benefits from ¥24,000 to ¥36,000. Under Health Insurance this ceiling remains at ¥24,000 and under Welfare Pension Insurance it is fixed at ¥8,000. As noted above, in connection with Health Insurance, Seamen's Insurance is initiating a program in FY 1952-53 for the maintenance of 50 tuberculosis beds.

Welfare Pension Insurance

| | 1951-52 | 1952-53 |
|---|---|---|
| Administrative expenses | ¥423,354,000 | ¥441,007,000 |
| Benefit expenses | 255,503,000 | 377,445,000 |
| Totals | ¥678,857,000 | ¥818,452,000 |

There was a marked increase in the number of claimants and amount of benefits paid in FY 1951-52 over previous years under Welfare Pension Insurance and this increase is expected to continue in FY 1952-53. Not only was there a basic increase in the number of insured persons covered under the program with greater industrial activity in Japan, but the longer qualifying period required under Welfare Pension Insurance tended to delay the accompanying increase in benefit payments. The considerable increase in invalidity benefits is attributed in part to the improved techniques in the recognition of tuberculosis. Appropriated funds pay 20% of the cost of benefits for underground miners and 10% of the cost of benefits to others. The total administrative

expense of Welfare Pension Insurance is paid from appropriated funds but the rate per insured person (¥65.40 in FY 1951-52 and ¥62.50 for FY 1952-53) is less than under Health Insurance since the long-term benefits are less complicated to administer than the allowances and medical care benefits under Health Insurance. Coverage is expected to increase from an estimated 6,487,000 in FY 1951-52 to 7,096,000 in FY 1952-53. Actual coverage reported for December 1951 was 6,569,000.

National Health Insurance

| | 1951-52 | 1952-53 |
|---|---|---|
| Information and guidance | ¥ 14,616,000 | ¥ 15,137,000 |
| Administrative expenses | 1,652,935,000 | 1,823,916,000 |
| Facilities of directly operated clinics | 400,000,000 | 400,000,000 |
| Central Federation of NHI | 3,161,000 | 4,959,000 |
| Incentive grants | ----- | 406,562,000 |
| Long-term loans | ----- | 405,438,000 |
| Totals | ¥2,070,712,000 | ¥3,056,012,000 |

The amount for "information and guidance" expenses is distributed to the prefectural governments quarterly according to the number of insured persons and "insurers" (individual community National Health Insurance programs) in the prefecture. These grants are expended directly by the Insurance Sections of the prefectural governments in acquainting the public with the content of the program.

The appropriation for administrative expenses is to meet 100% of the cost of administration of the NHI community programs and includes, in addition, an amount to cover one-third of the salaries of doctors (part-time) and nurses employed under the NHI program (about ¥55 million for doctors and ¥157 million for nurses). The subsidy for administrative expenses was computed on the basis of ¥53.70 per insured person with an estimated coverage of 30,000,000 persons. The per capita cost for FY 1951-52 was estimated at ¥42.45 with an estimated coverage of 35,021,000. The FY 1951-52 estimate proved excessive, as by September 1951 there were 4,500,000 family heads with 19,090,000 other family members for a total of 23,590,000 insured persons. The per capita administrative cost for National Health Insurance is much lower than that for Health Insurance, primarily because the computation for the former takes into consideration all members of a family rather than only the wage earner, as under Health Insurance.

The ¥400 million for facilities of directly operated clinics is a subsidy fund designed to aid in the construction of buildings to be utilized by municipalities or associations for clinics operated directly by the insurer. Grants are allocated by the Minister of Welfare on

the basis of applications filed by the insurers. The fourth item in the budget provides funds to assist in the administrative expense of the national federation which assists the individual insurers in the development of their community programs.

New provisions in the NHI budget are the "incentive grants" and "long-term loans". Rather than introduce the practice of subsidizing benefit costs under National Health Insurance, the Cabinet decided to bolster going community programs and assist in reviving inactive programs by awarding grants and loans on the basis of administrative efficiency of the insurers.

The provision for grants is the initial budget under a planned five-year program. Grants are allocated on the basis of ¥10 per ¥100 of contributions collected which exceed 70% but are less than 80% of contributions payable; ¥15 for each ¥100 in excess of 80% but less than 90%; and ¥20 per ¥100 in excess of 90%. To be eligible for these grants the insurer must also meet certain prescribed standards of operation.

A separate law was enacted in May 1952 to provide for the loan program, which is designed to be continued for three years, the amount stated above being established for FY 1952-53. The administration of the program is delegated to the prefectural governments under the supervision of the Ministry of Welfare. The loans are intended to aid in meeting outstanding medical bills. Interest is set at 6.5% and repayment is to be made in annual installments over a seven-year period beginning with the fourth year after the date the loan was made, no interest being charged for the first three years. The loans are in relation to the total amount of unpaid medical bills on the books of the insurer and are affected by the proportion of assessed contributions actually collected by the insurer. The percentage of contributions collected relates to the percent collected of those assessed within the fiscal year immediately preceding the fiscal year in which the loan is made. The unpaid medical bills taken into consideration in computing the loan are those bills which were pending on 31 May of the fiscal year in which the loan is made and which were incurred at any time prior to the end of the immediately preceding fiscal year (the immediately preceding 31 March). Procedure normally followed is for the doctor to bill the insurer for the total charges and for the insurer to collect from the patient that proportion of the bill which the patient is required to pay in addition to the regular contributions paid by him as an insured person. Therefore, this proportion of the unpaid bill is deducted in arriving at the amount upon which the loan is computed. For example, if an insurer has collected 70% of the contributions assessed in FY 1951-52, a loan may be granted in an amount equal to 40% of 50% of unpaid medical bills (less the portion to be borne by the insured patient) which were incurred at any time prior to 31 March 1952 and remain unpaid on 31 May 1952; if collections are 95%, 100% of 50% of the unpaid bills less the patient's obligation. Additional formulae are provided for insurers collecting other percentages of assessed contributions and for insurers which renew operations after having been inactive.

The Local Tax Law was amended in March 1951 to authorize cities, towns, and villages administering a National Health Insurance community program to assess contributions in the form of a tax on the head of a family who is insured under National Health Insurance. The law provides rates for the various elements of the tax base and provides that the total tax for one household shall not exceed ¥15,000.

National Public Service Accident Compensation Law

Prior to the enactment of the Labor Standards Law (which fixes liability of the employer for occupational accidents and illnesses) in April 1947, government employees of less than "official" rank were provided occupational disability compensation on the basis of a series of Imperial Ordinances, the first of which was promulgated in 1892. Officials, both then and now, are covered for occupational risks by the Pension Law of 1923 which developed from the Government Pension System inaugurated in 1871. In addition, some employees -- those connected with the government monopoly enterprise -- received occupational disability protection under the National Government Mutual Aid Associations' Imperial Ordinances. When the latter were supplanted by the National Public Service Mutual Aid Association Law in 1948, coverage for occupational disability was excluded. With the adoption of the new Constitution and enactment of the Labor Standards Law, the Imperial Ordinances concerning government employees workmen's compensation were abolished as not being based upon law and protection in this field was provided for government employees by the terms of the Labor Standards Law. The National Public Service Law of October 1947 specifies that a system of compensation shall be established by law for government employees who are disabled or die because of injury or disease incurred in line of duty. This was realized with the enactment of the National Public Service Accident Compensation Law on 2 June 1951.

Old Age Pensions

The first old age pension qualified for under Japanese social insurances relative to private industry was that upon which the first quarterly payment was for a fisherman, under Seamen's Insurance in August 1951 (effective as of December 1950). Generally, seamen must be insured for 15 years to be eligible for an old age pension at age 50, but an amendment in 1949, on the basis of the seasonal nature of fishermen's employment, reduced this to 10 years for seamen serving in most types of fishing vessels. While the normal old age pension is four times the average monthly standard remuneration, the law reducing the qualifying term for fishermen also provided that benefits should be one-half the amount for which seamen qualifying after the full 15 years would be eligible. The size of these pensions was increased, however, by an amendment in April 1951 which limited the period upon which the average monthly standard remuneration will be computed, "for the time being," to that following 1 April 1946, thus taking into consideration only the relatively higher yen wages which followed the war. The 1951 law also placed a maximum of ¥24,000 per year on an old age pension under Seamen's Insurance. In April 1952 there were 37 old age pensions in payment status under Seamen's Insurance, the largest being ¥24,000 and the smallest ¥16,654.

The Welfare Pension Insurance Law requires 20 years insured employment except for underground miners who may qualify in 15 years. With added credits acquired during the war, the first miner to qualify may do so in December 1953. It is planned to make major revisions, in the meanwhile, with respect to existing provisions of the Welfare Pension Insurance Law concerning the method of computing old age pensions.

Benefits for Invalidity or Death Resulting from Service with Military Forces

Prior to the surrender of Japan, disabilities and deaths incurred in line of duty while serving in, or as a member of a civilian component of, the military forces were compensated under the Government Pension System as were those in government civil service. With the cessation of hostilities all benefits related to military service were terminated except those paid as "compensation for physical disability, limiting the recipient's ability to work, at rates which are no higher than the lowest of those for comparable physical disability arising from non-military causes." To implement this policy, an Imperial Ordinance was promulgated in February 1946 to supersede the Government Pension Law with respect to compensation for military service disabilities. All ordinary retirement and survivors' benefits based on military service were terminated and invalidity pensions based on such service were reduced to the rates for invalidity pensions paid under the Welfare Pension Insurance Law, which provided the lowest such rates under any social insurance law covering government employees or employees of private industry. This Ordinance resulted in the invalidity pension of a soldier with the rank of private, whose injury was of the most severe degree, being reduced to ¥560 per annum at that time, whereas a civilian government official of comparable government rank, and not attached to a military agency, received ¥3,597 per annum for the same degree of injury.

In the years following the effective date of the 1946 Ordinance, it has been amended to increase benefits by gearing rates of invalidity pensions related to military service to the periodically revised rates under the Welfare Pension Insurance Law, which continues to be the lowest for invalidity pensions (relating primarily to pensions for off-duty disabilities, benefits for on-duty disabilities and deaths being provided by the Workmen's Accident Compensation Insurance Law for the first six years following the accident, illness, or death). Benefits related to military service did not catch up with payments to other government employees, however.

Without moving to revive retirement pensions based merely on years of service as compared to service-connected disability or death, in February 1952 the Cabinet drafted a proposal designed to provide more adequate benefits for war-disabled and to reinstate a system of pensions and lump-sum grants for the surviving families of those whose death was connected with military service. The military service referred to in this program is that which occurred prior to 1946 and, for those not repatriated by that time, prior to the date of their repatriation and demobilization. Legislation based on this proposal was introduced in the Diet under the sponsorship of the Ministry of Welfare,

it being the intention to place primary responsibility for the administration of the program on the Repatriation Relief Agency in the Ministry of Welfare. The provisions of the Ordinance of 1946 are administered by the Pension Bureau in the Prime Minister's Office, which administers the Government Pension Law. It was the opinion of the Cabinet that a program separate from the regular Government Pension System should be established, at least for the time being, pending further study of the problems involved. Further, certain portions of the program under this new law are to be administered by the Ministries of Finance ("condolence-money" lump-sum grants in government bonds for surviving families), Education (education of surviving children), and Labor (vocational training institute for the handicapped). After certain revisions made during consideration by the Diet, primarily to increase invalidity benefits and broaden coverage, the bill was enacted into law on 25 April 1952.

Disabled military personnel and civilians who were attached to military units have the option of continuing to receive benefits under the 1946 Ordinance, as amended, or under the new law. In a few instances, estimated to be less than 100, high-ranking ex-officers, because of the elements of rank, years of service, and number of dependents (who are considered in computing pensions under the 1946 Ordinance and the Government Pension Law), would receive greater pensions under that law than under the new program which provides for benefits on a flat-sum basis, taking into consideration only the degree of disability. The largest pension being paid in March 1952 under the 1946 Ordinance was that paid to an ex-general officer of 45 years' service who has no dependents and whose disability is classified as Category No. 5 (see below). He was receiving ¥40,667 per year. Under the new law the annual pension for all qualified persons whose disability falls in Category No. 5 is ¥30,000.

Invalidity pensions under the new program fall in seven categories according to degree of disability and range from ¥24,000 to ¥90,000 per year. The following data is presented for purposes of comparing annual benefits disabled individuals in identical circumstances would be eligible for in April 1952, provided they come within the provisions of any one of the three programs related to government service. The situation used as an example is that of a man with rank equivalent to that of a warrant officer (drawing an annual salary of ¥1,200 at the time of injury during World War II, equivalent to an annual salary of ¥85,200 under the pension systems today), with a wife and three dependent children, having served less than 17 years, and disabled in the most severe degree defined by the various categories of disability under the pension systems.

1. Pension Law (not affected by the 1946 Ordinance because service not related to military):

| | | |
|---|---|---|
| a. | Basic | ¥117,008 |
| b. | Dependents' allowances @ ¥4,800 | 19,200 |
| | Total | ¥136,208 |

2. Imperial Ordinance of 1946:

| | |
|---|---|
| a. Basic | ¥ 8,000 |
| b. Dependents' allowances @ ¥2,400 | 9,600 |
| Total | ¥ 17,600 |

3. Law of 25 April 1952:

| | |
|---|---|
| a. (Flat rate with no provision for dependents' allowances) | ¥ 90,000 |

An invalidity pensioner disabled over a specified degree of severity may be provided medical care (examination, drugs, treatment and surgery, hospitalization, nursing, and transportation) when it is considered such care may improve his condition. Fees are based on rates under the Health Insurance Law. Similarly, prosthetic appliances may be provided or funds supplied for the purchase or repair thereof. Severely disabled persons may be hospitalized in a National Medical Asylum.

Surviving dependents of military personnel and civilians attached to military units, when such survivors meet requirements (age, relationship, etc.), may be paid a pension and a lump-sum payment. Pensions are in the annual amount of ¥10,000 for the surviving spouse and ¥5,000 each for a surviving dependent child, father, mother, grandchild, grandfather, and/or grandmother. When an invalidity pensioner dies of a cause other than that upon which the invalidity pension was based, the eligible survivors will receive six-tenths of the amounts stated above, and the total pensions granted in such cases shall not exceed the amount of the invalidity pension being paid at the time of death, such total to be divided proportionately among the eligible survivors.

The lump-sum payment, termed "condolence-money", ordinarily is in the amount of ¥50,000 and is granted in registered national loan securities with a face value of ¥50,000 to be redeemed within ten years and bearing interest of six percent per annum. For the survivors of certain types of emergency conscriptees and semi-military personnel this grant is limited to ¥30,000. The lump-sum payment is granted in addition to the pension but is awarded to only one survivor -- the surviving spouse or surviving dependent with the highest priority among all surviving dependents.

The budget for FY 1952-53 includes ¥23,916,605,000 for this program. Of this amount ¥749,668,000 is drawn from previous allocations under the public assistance, physically handicapped, and Government Pension system programs since it is believed the demand on those programs will be lessened by this new law. This leaves a net appropriation of ¥23,166,937,000, of which ¥15,607,152,000 is for survivors' pensions, ¥5,300,578,000 is for survivors' condolence-money, and ¥1,795,759,000 is for invalidity pensions.

## Medical Care Fees under Social Insurance

Following a series of conferences in late 1951, between Japan Medical Association officials and representatives of the Ministry of Welfare, a reappraisal of the costs of medical and dental care resulted in an increase of the "point-value" employed in computing medical care fees under the Health Insurance and Seamen's Insurance programs. The point-value was raised from 11.5 yen to 12.5 yen in the larger centers of population, and from 10 yen to 11 yen per point for the rest of the country. Other provisions made were: Increase of the maximum allowance for hospitalization from 22 to 30 points; reduction in income tax rate on social insurance medical and dental fees; and creation of a special council to give further consideration to the whole schedule of medical care fees under the social insurance programs.

## Social Insurance Statistics

Beginning with the January 1950 issue of "Japanese Economic Statistics" (Section III series - Population, Labor, Food Supply, and Prices), Japanese social insurance data have been published monthly in this medium. The January 1950 issue included an account of the development of social insurance legislation and a summary of the principal features of the various social insurance schemes. In April 1951, there was published, under the sponsorship of Social Security Division, PHW, GHQ, SCAP, and Programs and Statistics Division, Economic and Scientific Section, GHQ, SCAP, a separate monograph, "Japanese Social Insurance Systems through 30 June 1950", which describes in detail the development of the Japanese social insurance systems and their status as of 30 June 1950. Social insurance data continued to be published by Programs and Statistics Division, ESS, GHQ, SCAP, through the November 1951 issue of "Japanese Economic Statistics" (Section III series) after which issue such data have been published monthly and in the same form by the Economic Stabilization Board of the Japanese Government.

## Publications

Revised translation of social insurance laws with all implementing ordinances, inclusive of amendments made in the first half of 1951, were completed. Reprinted editions of these translations for the Seamen's Insurance Law, Welfare Pensions Insurance Law, Health Insurance Law, National Health Insurance Law, and Government Pension Law were distributed on the basis of the mailing list of the discontinued PHW Bulletin. Similar distribution was made of the translations of the first report of the Advisory Council on Social Security.

## Chapter 9

## NATIONAL PARKS

The national park system in Japan remains essentially as it was at the end of 1950: 17 national parks, three public gardens, and three "quasi-national parks". The public gardens are Shinjuku and the outer palace garden in Tokyo, and the palace garden in Kyoto. The "quasi-national parks" are scenic areas which are not of sufficient size to warrant designation as national parks. These areas are located at Lake Biwa, at Sado-Yohiko in Niigata, and in the Yaba-Hita-Hikosan district which lies at the juncture of the borders of Fukuoka, Oita, and Kumamoto prefectures.

A new law intended to replace the present National Parks Law and entitled the Natural Parks Law has been prepared by the National Parks Council and the National Parks Division of the Ministry of Welfare. It will be placed before the Diet at the next ordinary session in November 1952. The new law will provide for the establishment of a natural parks system consisting of national parks, quasi-national parks, and prefectural parks. The main object of the new law is to provide prefectural officials with authority to control the use of prefectural parks. Under the present law prefectures are authorized to establish prefectural parks but cannot exercise necessary control over their use.

During the past year four so-called "main developed areas" have been established: One in Nikko National Park, two in Fuji-Hakone Park, and one in the Japan Alps National Park. In addition, 28 new camping grounds have been built and extensive repairs to trails have been accomplished.

The twentieth anniversary of the proclamation of the National Park Law was marked by the display of very interesting national park exhibits in Tokyo, Osaka, and certain other cities from 19 to 29 June 1951.

## Chapter 10

## NUTRITION

### Nutrition Surveys

The nutrition surveys conducted four times a year in the past were continued through 1951.

The analysis of these surveys does not elicit any remarkable change from the previous year. Evidently the standard of living has reached its maximum level at this stage of the Japanese economy and striking changes cannot be anticipated.

The average caloric intake has remained at about 2,130 with a slight variation of a higher carbohydrate consumption in the rural areas.

The animal protein average has increased slightly over 1950 with about 22 grams per day in the urban and about 18 grams in the rural areas, compared with an average of 17.1 grams of the previous year.

Deficiency diseases have changed only slightly for the better from the 1950 statistics, vitamins A and C still being far below the standard for Japan. Weight and height have continued on the upward grade.

### Education and Training

One hundred and twelve nutritionists participated in two and six months refresher courses during the year. There were a total of 49 nutritionists training schools in Japan during the year, as parts of universities, junior colleges and special schools.

A total of 6,499 nutritionists were employed in various facilities, such as health centers, hospitals, schools, factories, corporations, and others. Japan has become very conscious of the need of trained nutritionists and nutrition guidance of the population. This is particularly necessary since the introduction of foreign foodstuffs to the country which the Japanese did not know how to utilize without proper instructions. Health centers and hospitals have done an outstanding job in this direction.

The school lunch program continued throughout 1951 much as in the previous year. The number of schools participating was 11,432 and the number of children who benefited was almost 8,000,000, but the discontinuance of GARIOA funds since October 1951 brought about the following changes as far as cost to the children is concerned: parents able to pay contributed ¥200 per child per month in the city areas and ¥100 per child per month in the rural areas. The number of children in the first group was 4,300,000 and in the second 2,600,000. Daily Life Security took care of 258,666 in the cities and 196,128 in the rural areas. These numbers included some children receiving not only school lunches, but home maintenance as well.

The budgets for the school lunch programs for the years of 1951 and 1952 were adjusted as follows:

| | | |
|---|---|---|
| Ministry of Education | 1951 - ¥6,724,200 | including GARIOA up to October. |
| " " " | 1952 - ¥1,207,000 | |
| Ministry of Welfare | 1951 - ¥4,525,000 | |
| " " " | 1952 - ¥7,681,640 | |

## Chapter 11

## SUPPLY

### Developments

The period 1951-52 was one of flux. It was one in which, under normal expected and planned development, the Occupation efforts should have been devoted to consolidating the gains made in Japanese public health and welfare activities during the previous five and one-half years of transition from war-torn chaos to ordered, effective organization. However, international political and military developments penetrated into Japan and diverted the expected course of events into unexpected channels.

The military conflict in Korea tremendously influenced developments in Japan. In pharmaceutical affairs in particular was this influence felt along lines that, if properly controlled, can greatly facilitate further progress in these activities. By the strict enforcement of quality control over items of medical supply procured for civilian relief in Korea, and advice by PHW Pharmaceutical and Supply personnel to other US Government agencies making procurement in Japan, it was possible to impress Japanese Government officials and Japanese commercial organizations with the need to produce quality products meeting established standards. In addition, procurement in Japan was encouraged to the maximum extent possible, thus aiding Japanese pharmaceutical development along progressive lines.

Activities in Japanese pharmaceutical affairs in 1951-52 were conducted by the Japanese with the minimum control by PHW-SCAP. The activities of the PHW Pharmaceutical and Supply staff were principally to offer advice and guidance to governmental and non-governmental agencies.

During previous years of the Occupation, a firm legal basis for progressive improvement in pharmaceutical affairs had been established by the enactment of the Pharmaceutical Affairs Law, Law No. 197 of 1948, to replace the former antiquated and ineffective law. On this legal foundation, regulations had been promulgated to establish adequate standards of quality for drugs, devices, and cosmetics, and machinery had been organized to enforce these standards. Within this framework of legal and quality control, the Japanese pharmaceutical industries were rehabilitated to the extent that they could, with few exceptions, provide adequate supply for indigenous requirements and, in most items, to supply a steady increase in export requirement.

The Pharmaceutical Affairs Law also controls the professional practice of pharmacy in Japan by establishing adequate educational and technical standards for licensure, and by providing for registration of all pharmacies. It permits professional organization of pharmacists on voluntary democratic principles.

Accomplishments in pharmaceutical affairs are noteworthy and point the way toward Japanese leadership among progressive nations, especially leadership among Asiatic nations.

With Japan's entry into the World Health Organization on 16 May 1951, a new phase in the international activities was inaugurated. The Japanese Government was thus afforded direct contact with other member nations in public health activities. This, of course, includes pharmaceutical affairs. It is noteworthy that at the World Health Organization Western Pacific Regional Conference in Manila, 18-21 September 1951, an official of the Pharmaceutical and Supply Bureau of the Ministry of Welfare attended, to offer advice to delegates concerning availability in Japan of quality pharmaceutical products and sanitation materials which can aid other member nations in their public health programs. It is also noteworthy that Asiatic countries are seeking technological advice and assistance from Japanese establishments, for supply of manufacturing plant design, plant construction, and technical know-how. Much of this technological development in Japan itself would not have been possible without PHW-SCAP efforts, and technical and financial assistance during the earlier years of the Occupation.

## Pharmaceutical Products

Production, importation, sale, and other distribution of drugs, devices, and cosmetics are controlled by the Pharmaceutical Affairs Law and the enforcement regulations promulgated under its authority. Manufacturers and importers are licensed by the Minister of Welfare. Sellers and other distributors are licensed by the prefectural governors.

## Production and Distribution

There was no particular problem in pharmaceutical affairs in 1951-52 which involved critical supply. All items were available in adequate quantities, even including streptomycin, which, until 1 April 1952, was the only item (together with dehydrostreptomycin) remaining under designation subject to ration control distribution. There had been close to 400 items of medical supply placed under distribution control at the start of the Occupation; seven remained under control at the beginning of 1951; only streptomycin and dihydrostreptomycin remained so designated as the year ended. Progress in indigenous production was such that these items were removed from controlled distribution 1 April 1952 when the basic law, under which designated items of necessary commodities were rationed, became inoperative. No items of medical supply were under controlled distribution after 1 April 1952.

A comparison of production values through the Occupation years is significant. The figures quoted below include medicines, biologic products, dental materials and instruments, surgical dressings, and rubber medical goods.

| Year | Production |
|---|---|
| 1946 | ¥ 1,603,200,000 |
| 1947 | 5,301,600,000 |
| 1948 | 19,742,400,000 |

| Year | Production |
|---|---|
| 1949 | ¥34,596,000,000 |
| 1950 | 37,480,504,240 |
| 1951 | 48,781,948,293 |

Special Procurement

The pharmaceutical and allied industries were able to contribute materially toward economic recovery in Japan. Physical rehabilitation of plants, technological advances, quality standardization, and effective enforcement made possible large sales to United States Government procurement agencies for civilian and military use in Korea and elsewhere, with income in dollars for the Japanese economy. This special procurement saved the industries from financial difficulties which threatened to seriously hamper their solvency. It was the prior planning by PHW-SCAP technical staff that placed the Japanese producer in a position to offer satisfactory materials. It was through PHW concerted efforts that the maximum possible procurement was made in Japan. This not only furthered successful accomplishment of the PHW-SCAP Occupation mission in Japan, but provided expeditious and timely supplies critically needed for the United Nations Command mission in Korea, with maximum conservation of critical transport facilities from the United States.

Biologic Products

Biologic products manufactured, imported, and used in Japan fall into four principal classes: (1) Vaccines, (2) sera, (3) antibiotic drugs, and (4) human blood products. Continued progressive advance in quality standardization and enforcement marked the period 1951-52. With the exception of some of the newer antibiotic drugs, all biologic products used in Japan were produced indigenously. Three outstanding imports were aureomycin, chloramphenicol, and terramycin. These were imported in substantial quantities, approximately $500,000 being allocated from foreign exchange funds in 1951 for each of the three.

In April 1952, the Ministry of Welfare published two volumes containing in English translation all officially promulgated minimum requirements of biologic products. One is entitled "Minimum Requirements of Biologic Products", and includes the official minimum requirements for 22 items of vaccines, sera, and human blood products. The second volume, entitled "Minimum Requirements of Antibiotic Products", describes official minimum requirements for 51 preparations of five antibiotics. To each volume is appended the regulations controlling the manufacture and assay of the products described. The Ministry of Welfare will circulate copies of these volumes through the World Health Organization to all member nations.

During 1952 official promulgation of minimum requirements for additional vaccines, sera, and antibiotic products is programmed.

In 1948, as required by provision in the Pharmaceutical Affairs Law, the Minister of Welfare had designated penicillin and streptomycin

as drugs to be sold only pursuant to the prescription or direction of a doctor, dentist, or veterinary surgeon. Certain penicillin preparations for topical use were exempted from such designation in the fall of 1951. Five additional antibiotic drugs were designated for such handling in 1951; in April, dihydrostreptomycin, aureomycin, chloramphenicol, and terramycin; and, in September, colistin; earlier, in August, colistin was designated officially as an antibiotic preparation.

Following suspension of all biologic manufacture (exclusive of antibiotic products) in 1949, licenses were issued to 13 laboratories to manufacture 11 products. By the end of 1951, there were 20 products licensed for production by 48 laboratories. In 1949 the 13 manufacturers had a total of 52 product licenses; in 1951 the 48 producers had 147 separate product licenses. During 1951 there were five newly-licensed products: (1) Citrated whole blood, (2) blood transfusion set with anticoagulant solution (depression system), (3) tetanus toxoid, (4) rabies vaccine (attenuated), and (5) diagnostic rabbit immune serum for dysentery.

Regulations require that each lot of 14 items of vaccines and sera be assayed at the National Institute of Health before it can be placed in distribution. The results of assay are impressive, and demonstrate the advancement in the biologic production program in Japan, under PHW-SCAP direction. The percentages tabulated below represent the proportion of lots of each product which passed assay tests and were certified by the National Institute of Health.

Biologic Production
Showing Percentages of Lots Passing Assay

| | UNIT | 1949 | | 1950 | | 1951 | |
|---|---|---|---|---|---|---|---|
| | | Quantity | % | Quantity | % | Quantity | % |
| BCG vaccine | dose | 4,294,600 | 74 | 29,976,300 | 67 | 24,373,600 | 85 |
| Cholera vaccine | cc | 348,900 | 53 | 6,584,300 | 98 | 5,415,550 | 96 |
| Diphtheria antitoxin | cc | 545,635 | 58 | 908,900 | 98 | 810,105 | 94 |
| Diphtheria toxoid | cc | 2,382,890 | 39 | 12,455,000 | 78 | 18,671,460 | 95 |
| Pertussis vaccine | cc | 149,939 | -- | 4,989,200 | 91 | 19,227,200 | 95 |
| Smallpox vaccine | dose | 80,559,905 | 86 | 19,158,700 | 95 | 60,362,160 | 98 |
| Tetanus antitoxin | cc | 427,055 | 81 | 1,205,700 | 88 | 596,400 | 100 |
| Tuberculin OT | cc | 1,663,351 | 97 | 10,758,000 | 92 | 5,969,581 | 99 |
| Typhoid-paratyphoid vaccine | cc | 13,683,990 | 73 | 39,189,200 | 87 | 43,407,100 | 94 |
| Typhus vaccine | cc | 2,014,460 | 49 | 5,576,500 | 76 | 23,947,040 | 95 |

Procurement in Japan for immunization programs in Korea was made of four vaccines in 1951:

| | |
|---|---|
| Cholera vaccine | 4,725,000 cc |
| Smallpox vaccine | 29,719,100 doses |
| Typhoid-paratyphoid vaccine | 19,859,000 cc |
| Typhus vaccine | 20,221,000 cc |

## Penicillin

The development of commercial production of penicillin in Japan is one of the sagas of the Occupation. From surface culture production on a laboratory scale in early Occupation days, and initial commercial production of a few hundred thousand units in 1946, the industry has developed into one which can rival penicillin production, in quality and quantity, in the leading countries of the world. Production is limited only by the demand for the product. Plant capacities are available to produce 30,000 billion units per year. Production in 1951 was half that capacity. Manufacturers installed improved plants in 1951, when construction materials were made readily available. Culture media previously imported from the United States were manufactured to an increasing degree indigenously. If necessary, sufficient culture media can be made in Japan to satisfactorily supply the penicillin producers.

Large quantities of penicillin were procured in Japan for civilian relief in Korea.

Tabulated below are quantitative and cost data which graphically demonstrate the increased production and progressive reduction in price.

### Penicillin Production

| Year | Units | Units/100,000 | Average Price per 100,000 Units |
|---|---|---|---|
| 1946 | negligible | - | - |
| 1947 | 13,821,390,000 | 138,214 | ¥1,333 (official price) |
| 1948 | 297,029,810,000 | 2,970,298 | 500 (official price) |
| 1949 | 1,798,300,177,000 | 17,983,002 | 140 (official price) |
| 1950 | 7,495,530,385,000 | 74,955,304 | 45 (estimated average) |
| 1951 | 14,708,354,545,000 | 147,083,545 | 20 (estimated average) |

## Streptomycin

While not so dramatic as the development in Japan of penicillin production, the commercial production of streptomycin promises to reach proportions by mid-1952 which will enable discontinuance of imports and allow distribution of the Japanese product through normal trade channels for indigenous use and for export.

The year 1951 was the turning point in the commercial development of streptomycin production. Early in the year, two leading producers concluded contractual agreements with Merck and Company of the United States, whereby Merck supplied plant design, cultures, and technical assistance, in exchange for royalty payments in dollars. Each plant expects to be capable of producing 500 kilograms per month.

Another Japanese producer succeeded in constructing the first large-scale streptomycin plant in Japan, using a process developed by its own technicians. This plant is one with three 60-ton fermentation

tanks, capable of producing 500 kilograms of streptomycin monthly. The plant was placed in operation in October 1951.

A fourth small producer is capable of producing about 25 kilograms per month.

Production figures indicate a steady rise in quantity through 1951. The slight fluctuations are due to technical difficulties experienced in the spring months, and labor difficulties during the late summer and early fall.

Streptomycin Production

| Month | 1950 | 1951 |
|---|---|---|
| January | | 65,189 grams |
| February | | 62,865 |
| March | | 158,517 |
| April | | 99,206 |
| May | | 224,784 |
| June | | 201,166 |
| July | (initial) 1,700 grams | 166,008 |
| August | 6,990 | 204,861 |
| September | 11,365 | 180,431 |
| October | 18,320 | 181,929 |
| November | 24,396 | 266,785 |
| December | 55,750 | 416,840 |
| TOTAL | 118,611 grams | 2,228,381 grams |

Sulfonamides

Sulfathiazole and sulfadiazine were introduced into Japan during the early Occupation years by PHW-SCAP. Under PHW Pharmaceutical and Supply guidance, commercial production was realized. At the start of 1951, sulfadiazine was still under ration distribution control. This control was removed in April 1951 when manufactured stocks became sufficient to meet the demand. Although Japanese internists recognize the superiority of sulfadiazine, sulfathiazole has a much wider use. Over seven metric tons of sulfathiazole are consumed monthly in Japan. No serious toxic reactions have been reported. Cost is the primary factor which influences choice of sulfathiazole. All sulfa drugs are expensive in Japan. Plans to produce 2-aminopyrimidine in Japan and discontinue imports commensurately should enable considerable reduction in cost. It is estimated a 50% cost reduction will be realized. A few production figures follow.

Sulfonamide Production 1951

| | |
|---|---|
| Sulfanilamide | 11,414 kilograms |
| Sulfathiazole | 144,502 " |
| Sulfadiazine | 48,726 " |
| Sulfaguanidine | 81,876 " |

Substantial quantities of sulfathiazole and sulfaguanidine were procured in Japan for Korean civilian medical programs.

Anthelmintic Drugs

As is well known, the Japanese people suffer almost 100% from intestinal parasites, principally ascaris. Although in the early years of the Occupation supplies of anthelmintic drugs were critical, no such problem existed in 1951-52. Under PHW Pharmaceutical and Supply Division guidance, the production of hexylresorcinol in Japan had been standardized and realized. However, despite the proven superiority of this drug over other vermifuges, Japanese public health officials were unsuccessful in convincing the practitioner and the public of this superiority. The designation by the Minister of Welfare of hexylresorcinol as a powerful drug helped to create a fear of toxic reactions.

The Ministry of Welfare was advised that hexylresorcinol is not a toxic drug, and that removal from designation as a powerful drug should facilitate its use. The Ministry of Welfare met decided opposition from professional and other circles in their attempt to remove such designation. In late 1951 a compromise was effected, and the encapsulated pill was removed from designation. It is too early to evaluate the effect on sales and use. Substantial quantities of hexylresorcinol were procured in Japan for the Korean civilian relief program.

The average practitioner and the average citizen prefer santonin or other lesser effective remedies for use against helminths. Because of the difficulty in the early years of the Occupation in importing adequate quantities of santonin due to world scarcity, the Japanese Government stimulated the increased cultivation of the plant from which santonin is extracted. Some cultivation had been made pre-war, but the main source of the drug had been from imports. In 1930 a Kyoto manufacturer had imported seedlings of mibuyomogi from Germany. These were cultivated in Hokkaido, Aomori, Nagano, and Yamanashi. The discouragement against imports of finished santonin, after hexylresorcinol was successfully produced, stimulated indigenous cultivation of the mugwort and increased indigenous production of santonin. Japanese production was ample to meet needs in 1950, and in 1951 production of santonin exceeded four metric tons. Since the average dosage of santonin is 0.1 gram, this quantity is sufficient for 40,000,000 treatments. The black market in this drug has been successfully eradicated.

Insecticides

Insecticides for use in the prevention of disease in man or animals are subject to the provisions of the Pharmaceutical Affairs Law. Manufacture and sale of such products must conform with standards approved by the Ministry of Welfare.

The supply of DDT products were entirely adequate to satisfy all public sanitation programs. Products are also marketed in containers

for household use. Substantial exports were made for use in Korean civilian relief. Other exports were made to Australia, New Zealand, Formosa, and Okinawa. The World Health Organization was advised of production capacities in Japan which can be used to aid in the public health programs throughout the world. It is expected the World Health organization will utilize Japanese products in its world-wide program.

Benzene hexachloride (BHC) was manufactured in containers for household use. The products placed on the market are a 1.5% dusting powder made with 12-16% gamma isomer BHC, and a 0.5% residual spray using a 40-60% gamma isomer BHC in kerosene. Since the toxicity to humans and animals of these mixtures was unconfirmed, use was not authorized in the public sanitation programs in Japan. Disagreeable odor was a deterrent to sales for household use. Commercial producers and public education institutions conducted research in production of a pure gamma isomer BHC. Although the 100% gamma isomer was produced in the laboratory, technical difficulties prevented commercial development.

In October and November 1951, a consultant from the Office of the Surgeon General in Washington visited Japan to collect data on the use of BHC in Japan, and its toxic manifestations. Under the guidance of PHW Pharmaceutical and Supply and PHW Preventive Medicine officials, the SGO consultant made a survey of research, manufacture, and use of BHC in Japan. In Tokyo, Osaka, Kyoto, and Hyogo, manufacturers and workers in their plants, research and testing laboratory workers, sellers, and household users were interviewed, and manufacturing plants and research and testing laboratories were inspected. This survey stimulated keen interest in the development of commercial production of pure gamma isomer BHC (lindane) and its use in a 1% dusting powder. Technical assistance and advice were furnished by PHW staff members to manufacturers and Ministry of Welfare officials. The Ministry of Welfare has formulated standards for manufacture of lindane and a 1% dusting powder using 99% gamma isomer BHC and talc, based on World Health Organization specifications. A SCAP directive restricting the public sanitation programs to use of DDT was rescinded. The Ministry of Welfare removed its restrictions on the use of lindane in public health programs. Manufacturers are planning to enter into commercial production, and are endeavoring to improve production facilities and reduce cost.

Textile Sanitary Materials

Supplies of textile sanitary materials in 1951-52 were adequate. Limited exports were possible. Fluctuation in prices of imported raw cotton caused serious financial losses to manufacturers. Failure of deliveries of raw cotton from India in the first half of 1951 necessitated emergency imports from Pakistan and Burma at high cost. Less than half of the required 62,000 bales for cotton sanitary materials was imported in that period. Prices of the finished products tripled. High prices limited export contracts. However, in mid-year, raw cotton imports approached normalcy and prices of finished products dipped markedly, falling below world market levels. Exports were made of cotton sanitary materials to Thailand, India, Formosa, Okinawa, and

South America. Although early high prices made it necessary to procure surgical dressings for Korean civilian relief in the United States, the drop in price after mid-year permitted procurement of the remainder of Korean requirements in Japan. Generally poor conditions in the Japanese textile industry at the end of 1951 forced the spinning and weaving industries to curtail production by 35%. This had a decidedly detrimental effect on the sanitary materials producers, as is reflected in the table below.

Production Surgical Dressings

| | 1949 | 1950 | 1951 |
|---|---|---|---|
| Absorbent Cotton | 396,400 lbs | 725,100 lbs | 532,200 lbs |
| Gauze | 141,800 lbs | 104,400 lbs | 100,000 lbs |
| Bandage | 63,300 lbs | 57,800 lbs | 55,850 lbs |
| TOTAL | 601,500 lbs | 887,300 lbs | 688,050 lbs |

Legislation

Two major amendments to the Pharmaceutical Affairs Law were enacted by the Diet in June 1951. The first effected a reorganization of the National Board of Pharmacy to conform with general Japanese Government policy. The designation of the Board was changed to "Council". Two Councils replaced the defunct Board, splitting its functions. The National Council on Pharmacy was created to take over the functions of advice to the Minister of Welfare on revisions of official compendiums and on other pharmaceutical affairs. The Pharmacists Examination Council was created to assume the function of the conduct of the national pharmacists examination for licensure. Previously the National Board of Pharmacy conducted the national examinations. In line with policy which applies in other public health professions, the amendment placed with the Minister of Welfare the responsibility for conduct of the examination, with advice and assistance from the Pharmacists Examination Council. Another amendment to the Pharmaceutical Affairs Law concerned the separation of the professional practice of pharmacy from that of the professions of medicine and dentistry. (Further discussion below under heading "Professional Practice".)

Another important piece of legislative action in 1951 in pharmaceutical affairs was the enactment of the Law for Awakening Drug Control. The Japanese Government had been endeavoring since early 1949 to control the misuse of central nervous system stimulants. Measures possible under the Pharmaceutical Affairs Law did not effectuate adequate control over use for non-medical purposes. The problem was primarily one of social significance.

It was the opinion of the Ministry of Welfare that more drastic measures were required. They proposed a law, patterned after the Narcotic Control Law, which was enacted 30 June as the Law for Awakening Drug Control, Law No. 252 of 1951. Under this law an "awakening drug" is defined as phenylaminopropane, phenylmethylaminopropane, and

their salts and preparations. The law provides for strict control over the manufacture and distribution of these stimulants, to limit their use for medical treatment. It requires maintenance of complete records of manufacture and disposition. It prohibits imports. It makes unauthorized possession a crime, thus enabling police investigation and action without prior reference from the Ministry of Welfare. Heavy penalties are provided for offenses against the law.

Results are dramatic. Before the enactment of this law, a great many cases of juvenile delinquency resulting from misuse of central nervous system stimulants were uncovered and received wide publicity in the press and over the radio. During the first six months of the law's effectiveness, this type of juvenile delinquency had markedly decreased. Reports in the press and over the radio had disappeared. Control over manufacture and use is effective. There were 43,815,050 ampules of these drugs manufactured in 1950. In the three-month period after enactment of the control law, only 23,300 ampules were legally manufactured, an annual rate of less than 100,000 ampules. This reduction is significant. The 23,300 ampules produced were more than ample to meet medical needs. As is to be expected, this effective control resulted in some illegal manufacture; the illegal demand is great, the price high. Illegal production was on a small scale, and was effectively uncovered. A total of 6,675 cases of violations against the Law for Awakening Drug Control were discovered in the first six months of its effectiveness, involving 7,219 persons.

Quality Control

The legislation and machinery for quality control over drugs, devices, and cosmetics had been established prior to 1951. Although budgetary limitations would not permit complete enforcement, notable improvement in quality control activities was accomplished in 1951-52. The great demand for quality products for special procurement in connection with United Nations Command Korean civilian relief activities impressed manufacturers with the need for improvement.

Standardization of products was a major activity. The Ministry of Welfare issued the Japanese Pharmacopoeia, Sixth Edition, in March 1951. The second supplement to the National Formulary was issued in March 1951 and the third supplement was issued in October 1951. The Japanese Pharmacopoeia and National Formulary are the official compendiums. Minimum standards were promulgated for additional biologic products, and amendments made to several previously established biologics standards. (See above "Biologic Products".) Standards were established under the Japanese Industrial Standards Law (JIS) for sixteen items of medical devices in 1951, and these JIS specifications were promulgated by the Minister of Welfare as standards under the Pharmaceutical Affairs Law. Technical officials in the Ministry of Welfare devoted much study to specifications for insecticides. Standards were adopted for DDT products in March 1951; standards for BHC lindane were studied and formulated, but not yet made official.

Inspection activities suffered from lack of sufficient fund allocation by prefectural governments. The national funds for pre-

fectural inspection activities were included in the equalization grant in 1951-52. Previously they had been supplied through subsidies to the prefectures. The standard to satisfy equalization grant performance was recommended by the Ministry of Welfare as one inspection per installation every two months. Actual performance fell far short of this standard. Inspections were made to detect violations of the Pharmaceutical Affairs Law, principally adulteration, misbranding, unregistered products, counterfeit products, and false advertising. In 1951 a total of 8,769 violations were discovered, 5,141 of which were adulterated drugs. Misbranded drugs accounted for 2,430 violations. Of the total violations, 8,401 concerned drugs, 39 concerned devices, and 329 concerned cosmetics. A total of 5,360 persons or establishments were guilty of these violations. In addition to the prefectural activities, the Ministry of Welfare through its Inspection Section conducted training courses for prefectural inspectors. An expanded inspection program is planned for the Japanese fiscal year beginning in April 1952. An increase from 653 to 747 inspectors in the prefectures is planned. More intensive training courses are to be conducted. Branches of the Inspection Section are to be established at Kobe and Yokohama ports to more adequately supervise inspection of imported products. Additional funds, approximately one-third more, will be included in the equalization grant for prefectural activities.

The assay program for drugs, devices, and cosmetics showed continued progress in 1951-52. All lots of antibiotic preparations and 14 items of vaccines and sera required compulsory assay and certification by the National Institute of Health. Other drugs, and devices and cosmetics, are tested at the National Hygienic Laboratory. At the start of 1951, there were eight drugs requiring compulsory assay of each lot at the National Hygienic Laboratory, and certification by the Laboratory. During 1951, designated for compulsory assay were seven additional drugs consisting of intravenous solutions, insulin, and posterior pituitary injections. Of 1,158 assays performed in 1951 on these 15 drugs, 3.7% failed to meet standards. Other drugs, devices, and cosmetics do not require certification, but a small number require testing before they may be distributed. In addition to the 1,158 assays done on certified items, a total of 7,766 were performed in the national spot check assay in 1951. Of these, a little under 5% failed to meet standards of quality.

National Hygienic Laboratory

The National Hygienic Laboratory is an organ of the Ministry of Welfare responsible for the assay of all drugs (except biologic and antibiotic products), devices, and cosmetics, and of foods, to detect contamination. In addition, the National Hygienic Laboratory conducts essential research in its various fields of assigned responsibility. It is a vital link in the standardization and quality control of drugs, devices, and cosmetics. Its importance has been recognized in increased budget for planned activities in the Japanese fiscal year 1952-53. An increase from ¥44.5 million in Japanese fiscal year 1951-52 to ¥75.0 million in 1952-53 represents almost 70% gain. Personnel, too, will be increased from 234 in 1951 to 272 in 1952.

The strict enforcement of assay at the National Hygienic Laboratory has been a decided factor in the improvement of quality control over drugs, devices, and cosmetics in 1951-52. (See above "Quality Control")

Training activities at the National Hygienic Laboratory in 1951-52 were conducted to improve technical procedures in prefectural laboratories. Instruction and training was given to technical officials of local governments in assay methods for certain drugs and devices to conform with newly established standards.

Assay procedures were developed at the Laboratory to conform with the revised Japanese Pharmacopoeia (VI) and National Formulary, and of other drugs and insecticides, particularly DDT products and BHC. Tests were standardized for medical and dental devices and materials. Methods to test content of lead and arsenic in cosmetics were adopted, as were methods for chemical analysis of hot springs water, this latter in connection with enforcement of the Hot Spring Law. Standards were decided for infant foods pursuant to the Food Sanitation Law. Other standard tests were adopted or studied for drugs and cosmetics, and for poisons subject to the Law for the Control of Poisonous and Powerful Agents. Assay methods for vinyl acetate, and even for chewing gum, were probed.

Research activities covered studies to improve assay methods for drugs, devices, and cosmetics. Also studied were methods of manufacture, extraction, or synthesis of various drugs and chemicals, including hormone preparations.

Publicity campaigns were inaugurated to advise the general public concerning the activities of the National Hygienic Laboratory and the importance of the work being performed at the Laboratory in the protection of the public health. In conjunction with the Information and Liaison Section of the Ministry of Welfare, press releases and radio programs were carried out on a small scale in late 1951 and early 1952. Plans were made for future publicity to keep the public informed concerning Laboratory activities and how they affect the daily lives of the people in furthering their health and happiness, and in preventing economic waste through the purchase of worthless or harmful products.

Professional Practice

The Ministry of Welfare completed plans early in 1951 for legal action to accomplish the separation of the practices of pharmacy, medicine, and dentistry. The two councils appointed in August 1950 by the Minister of Welfare to advise him concerning this separation, made their reports in January and February 1951. The Temporary Council for Medical Care Payment submitted its recommendations on 24 January 1951. The Medical and Pharmaceutical Systems Deliberation Council presented its recommendations on 28 February 1951. Based on these recommendations, the Minister of Welfare prepared draft legislation which was introduced in March 1951 for Diet action, received consideration in the extended session of the Diet, and was enacted 20 June 1951, with changes introduced by the House of Councilors, as

Law No. 244 of 1951. As enacted, the law amends the Pharmaceutical Affairs Law, the Medical Practitioners Law, and the Dentists Law, to more clearly define the fields of activity of each of the three professions, delegating to each its primary functions, so that the physician and dentist will diagnose, prescribe, and treat disease, and the pharmacist will compound and dispense according to the doctor's or dentist's prescription. Thus was laid the legal basis to resolve a long and bitter struggle among the professions. The legislation becomes fully operative in 1955.

As is required by the Pharmaceutical Affairs Law, the Minister of Welfare examined applicants for licensure to practice pharmacy. Previous to amendment of the law, the National Board of Pharmacy conducted the National Pharmacists Examination under Minister of Welfare jurisdiction. The amendment created a National Pharmacists Examination Council to advise and assist the Minister of Welfare who examines the applicants (see above "Legislation"). The annual examination was held in the spring and early summer of 1951. The theoretical portion of the examination was conducted by the National Board of Pharmacy in April 1951. The practical part of the examination was conducted after amendment of the Pharmaceutical Affairs Law delegated to the Minister of Welfare the conduct of the examination. In July 1951, the Minister of Welfare examined those who successfully passed the theoretical examination. Of 3,552 who took the National Pharmacists Examination, 3,197 received satisfactory ratings.

Professional Organization

The Japanese Pharmaceutical Association devoted the major part of its efforts in early 1951 to the struggle for enactment of the legislation for the separation of the professional practices described above. Testimony was presented to Diet legislative committees. Public mass meetings were held. Parades were staged to the Diet building to influence Diet members. Signatures were collected publicly on petitions endorsing the legislation. A conference of representatives of prefectural pharmaceutical associations and political associations was gathered in Tokyo during the Diet discussion of the legislation. Following Diet action, the new law was explained to local associations throughout Japan by high officials of the Japanese Pharmaceutical Association.

During 1951 the membership of the Association increased slightly, from 19,368 to 20,096. Emphasis was placed on the role of the pharmacist in the social security system and in the birth control problem. Several meetings of the general membership and of specialized committees were held to discuss the problems affecting the profession, and to read papers and discuss technical and scientific findings. Prize contests were sponsored for work on certain aspects of private professional practice of pharmacy. Steps were taken to organize students in schools of pharmacy along professional lines. A conference of students was held for the first time in October 1951. It was decided that the students will organize themselves and affiliate their association with the Japanese Pharmaceutical Association.

## Pharmaceutical Education

The revised system of pharmaceutical education introduced during the Occupation under PHW Pharmaceutical and Supply guidance provided for a four-year college level course, the first two years of which are to give the student a broad cultural basis for the practice of his profession. The degree of Bachelor of Pharmacy is awarded. Curricula had been developed and adopted, as had standards for faculty and equipment in the colleges. The system will become fully operative in 1952 when the final students are expected to be graduated from technical schools of pharmacy which previously existed in Japan.

Leaders in the field of pharmaceutical education in Japan deliberating in the Pharmaceutical Education Committee of the Japanese Pharmaceutical Association are considering further educational improvement in two directions: (1) Extention of the regular college course to five years, adding a year of technical education and training, and (2) institution of a post-graduate course offering a Master of Pharmacy degree. This post-graduate course curriculum would include pharmaceutical chemistry, practical pharmacy, biochemistry, pharmacology, and pharmacognosy. Approximately 50% of the graduate students of leading pharmaceutical colleges indicate a desire to pursue graduate study.

Educators are of the opinion pharmaceutical education in Japan has a bright future. The ratio of applicants for entrance is five to ten times the number that can be accommodated. Thus a student body of high caliber can be expected. Approximately half of the graduates enter the practical practice of pharmacy, the other half enter technical fields in pharmaceutical production or in laboratory work.

## Foreign Travel

Travel abroad of persons in the pharmaceutical fields became quite free in 1951-52. Most of this travel was of a commercial nature. However, many of the leading pharmaceutical producers sent not only commercial representatives abroad, but skilled technicians to observe and consult with technical experts in other countries, principally in the United States. Visits were also made to Asiatic, European, and South American countries.

Another type of travel abroad was by public officials sponsored by government funds allocated through the STAC (Scientific and Technical Advisory Committee), a Japanese Government-appointed committee of leaders in the various scientific and technical fields. In early 1952 the Chief of the Drug Manufacturing Section of the Ministry of Welfare left for a three-month visit to the United States to investigate modern aspects of pharmaceutical production.

A third major type of travel abroad by Japanese was sponsored by SCAP using funds appropriated for that purpose in GARIOA (Government and Relief in Occupied Areas). In the field of pharmaceutical affairs, two officials of the Ministry of Welfare were recommended by PHW Pharmaceutical and Supply. Early in 1951 (January-March) the Chief of

the Inspection Section spent approximately 70 days in the United States to investigate drug inspection and enforcement on national, state, and local levels. In late summer and early fall the Chief of the Pharmaceutical Affairs Section spent a like period in the United States studying the federal and state pharmaceutical legal aspects of the public health program. These fields of activity are two of the vital aspects in pharmaceutical control, and two which most require strengthening in Japan.

Ministry of Welfare Budget

Adequate funds are essential to the success of a public health program. To assure fulfilment of its mission, the Ministry of Welfare must endeavor to obtain appropriations of public funds by Diet legislation. The Japanese fiscal year begins 1 April and ends the following 31 March. Budget estimates are planned to be completed before the end of the previous calendar year. Thus the Japanese Fiscal Year (JFY) 1952-53 budget was planned and finalized in 1951, for introduction and enactment in the regular Diet session which convenes in December. It was enacted into law during the final week in March 1952.

The total general account appropriation for the JFY 1952-53 is ¥70,995 million, approximately 8.4 percent of the total Japanese Government budget compared with 6.0 percent in the JFY 1951-52, an increase of ¥24,977 million over JFY 1951-52. There are ¥20,264 million included which will be administered by the Ministry of Welfare for relief and rehabilitation of persons who suffered injury or disease as a result of the war, and for surviving dependents of the deceased. This increase is especially noteworthy in view of the reductions in appropriations for all other ministries with the possible exception of the Ministry of Agriculture and Forestry.

In establishing the budget estimates, the following factors were considered and included: (1) Rise in cost of staple foods, (2) rise in construction costs, (3) rise in transportation costs, and (4) rise in basic salary (wage) from ¥8,500 to over ¥10,000 per month.

Despite Japanese Government policy of personnel reduction, national and local, the adverse criticism of the tuberculosis control program in 1951, and difficulties in the social insurances in the latter months of the year, the Ministry of Welfare succeeded in continuing their major projects intact as planned. Noteworthy improvements are scheduled in the tuberculosis control program, the health center program, waterworks projects, and in the health insurances. Welfare projects are maintained, with increased appropriations to compensate for higher living costs.

RECAPITULATION: Major Accomplishments in Japanese Pharmaceutical Affairs During the Occupation

In the field of pharmaceutical affairs there has been established during the Occupation a legal basis for progressive improvement by the enactment of a modern Pharmaceutical Affairs Law to replace the former antiquated and ineffective law. On this legal foundation regulations

have been promulgated to establish adequate standards of quality for drugs, devices, and cosmetics, and machinery has been organized to enforce these standards. Within this framework of legal and quality control, the Japanese pharmaceutical industries have been rehabilitated to the extent that they can, with few exceptions, provide adequate supply for indigenous requirements, and, in most items, to supply a steady increase in export requirements. The medical supply industries have been a great help to the United Nations Korean effort by expeditiously supplying vitally needed vaccines, drugs, medical equipment, and sanitation supplies for the prevention in Korea of widespread disease and unrest among the civil population in that war-torn country.

Following the termination of hostilities in 1945 technical leaders in Japan were hungry for knowledge of modern developments in the pharmaceutical fields. They had been cut off, by a lack of opportunity to communicate, from the tremendous progressive developments in the Western countries. As into a vacuum when the barrier is cut, the flux of new technical information filled a hungry need. New Western insecticides, rodenticides, sulfonamides, anti-biotic drugs, and certain vaccines were introduced, and commercial production developed to the extent necessary to prevent disease and epidemics and to otherwise protect the health of the people. A few outstanding examples are DDT, typhus vaccine, sulfathiazole, sulfadiazine, penicillin, and more recently, streptomycin.

Another important aspect of the pharmaceutical improvement in Japan is in the practice of pharmacy. Improved educational facilities and educational requirements for pharmacists have been instituted. Raised standards for licensure for the practice of pharmacy are an integral part of the Pharmaceutical Affairs Law. The democratic professional organization of pharmacists on a voluntary basis has been accomplished, as required in the Pharmaceutical Affairs Law, in the establishment of the new Japan Pharmaceutical Association to replace the previous government-controlled association which required compulsory membership. Improved medical care is the goal in the efforts of the Japanese Government and the professional associations concerned -- the medical, the dental, and the pharmaceutical -- to establish a legal and professional basis to permit each to practice his profession to his best professional, social, and economic interest, and to the best interest of medical care for the Japanese people.

The contribution to Japanese recovery of the improved legal pharmaceutical structure, the satisfactory rehabilitation of the pharmaceutical industries, and the improved education of and practice by pharmacists, is difficult to evaluate. It is a complex contribution to the rejuvenation of a war-debilitated people which cuts across the health, economic, and social aspects of Japanese life. It is reflected in economic gains measured in increased pharmaceutical production capacity, reduced costs for medical care, and increased national wealth due to reduced absenteeism caused by illness. Thus the contributions to national recovery assume important proportions.

## Chapter 12

## NARCOTICS

### United Nations Reports

The Narcotic Section, Ministry of Welfare, for the first time since World War II, began forwarding reports on all phases of narcotic control direct to the United Nations. These reports covered estimates of manufacture, consumption, and stocks for 1952, and quarterly reports of illicit transactions and seizures for 1951. Also submitted were statements of the opinion of the Japanese Government concerning the dispensability of heroin for medical treatment, and concerning United Nations resolutions as to the proper and most feasible way to bring opium under the same international controls as are used for manufactured narcotics.

### Administration

Narcotic Control, PHW-SCAP, helped formulate the above reports and rendered advice and guidance in the preparation of the reports. The information contained in Narcotic Control files was utilized to a great extent in assisting the Japanese officials in reaching decisions and gauging the extent and trend of the illicit traffic. By the end of the year great improvement was evident in the work of the Japanese officials which reflected the effort of Narcotic Control to make the Japanese Government self-sustaining in the matter of fulfilling national and international obligations on narcotic control. The improvement was also the result of the experience and training which the Chief of Enforcement, Narcotic Section, Ministry of Welfare, received in the United States during a three-months tour of duty with the Bureau of Narcotics, Treasury Department.

### Communist Narcotic Activities

Investigations, arrests, and seizures indicated that Communists from the Asiatic continent are using the proceeds from the sale of heroin in Japan to finance party activities and to obtain strategic materials. While the source of all heroin seized in Japan was attributed to China, trans-shipped either through North Korea or Hong Kong, several seizures were either plainly labelled with addresses in China or else were marked with well-known pre-war brands of Chinese heroin.

### Arrests and Convictions

Heroin seizures during 1951 totalled 8,783 grams (19.3 lbs) which was 1,808 grams (3.9 lbs) less than was seized in 1950, and the number of arrests decreased by 529 to a total of 2,208 persons. Among those arrested were 377 Chinese and 269 Koreans. While many small seizures were made, development of sources of information and extended investigations resulted in the arrest of notorious smugglers and peddlers who are responsible for the illicit traffic in Japan.

Doctors, dentists, pharmacists, and veterinarians accounted for 169 of those arrested among whom were 48 addicts. There were 631 addicts among the non-registrants arrested. Japanese Narcotic Agents accounted for 1,316 of the arrests while the police arrested 618, and the two agencies together with United States Military Criminal Investigation Agents cooperated to arrest 274 narcotic violators.

The Courts and Procurators disposed of 2,493 defendants although 898 of these defendants appealed to the higher courts.

During the year eight narcotic control District Supervisor Offices were created. In each district a District Supervisor, under the supervision of the Narcotic Section, Ministry of Welfare, is responsible for liaison with other enforcement agencies, for enforcement, and for direction of Narcotic Agents in his district. A law was drafted for submission to the Diet which will make prison sentences up to ten years mandatory for certain narcotic offenses, particularly the possession or sale of heroin. It is expected this law will be enacted in 1952.

## Chemical Analysis

Narcotic Control, PHW-SCAP, encouraged the Narcotic Section, Ministry of Welfare, to appoint a government chemist to cooperate in the United Nations Research Program to determine the source of opium through analysis and a study of physical characteristics. With the appointment of the chemist there began an exchange of information and technique with the United Nations official in charge of the program and agreements were made to furnish Japan with samples of opium from various countries in exchange for samples of opium which the Japanese government holds.

## Liaison with Military Enforcement Units

Advice and guidance were given the Narcotic Section, Ministry of Welfare, in the supervision of Japanese Narcotic Agents in the field, and care was taken to maintain active and effective liaison between these agents and the agents of military enforcement units. Pertinent information was continuously exchanged with the Commissioner of Narcotics, Treasury Department, Washington, D. C., concerning narcotic activities of mutual interest and concern.

## Ratification of United Nations' 1946 Protocol on Narcotics

On 14 March 1952, the Diet ratified the United Nations' 1946 Protocol on Narcotics. The instrument was deposited with the United Nations 27 March 1952.



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